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the JOURNAL
of SOCIAL
THERAPY

third quarter 1956

vol. 2, no. 3

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THE JOURNAL OF SOCIAL THERAPY

Official Publication of The Medical Community Association

Third Quarter 1956
Vol. 5, No. 3

Published by the
Medical Community Association
1000 North 1st Street
St. Paul, Minnesota 55101

the **JOURNAL of SOCIAL THERAPY**

Official Publication of The Medical Correctional Association

third quarter 1956

vol. 2, no. 3

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MENTAL ILLNESS AND CRIMINAL

RESPONSIBILITY — A Radio Lecture

Sheldon Glueck, Ph.D., LL.D

Roscoe Pound, Professor of Law, Harvard Law School.

● ANNOUNCER: The criminal law is like a coral reef. Each important case lives and dies, but not without leaving behind its bit of enduring principle to be added to the sprawling mass. One of the most fascinating principles deals with the responsibility of persons who commit crime while under some form of mental aberration. A very important decision on this old problem has recently been laid down in the case of *Durham v. United States*,¹ in the United States Court of Appeals, District of Columbia Circuit. This decision overthrows, in the Federal courts of the District, the old "right-and-wrong" test that comes down to us from the 1843 English rule in the famous *McNaghten's Case*.² The judges of England there established the proposition that *even though a person be mentally ill, he is nevertheless criminally responsible if he knew the "nature and quality" of his act and knew it was wrong.*

This "right and wrong" McNaghten test has long been attacked by most psychiatrists and some lawyers as both contrary to the more advanced views of modern psychiatry, and inhumane.

The recent District of Columbia decision in the Durham case provides a test which should be much more acceptable to psychiatrists, and more humane as well as realistic, than the McNaghten rule. It is the

¹ *Durham v. United States* (1954), 94 U.S. App. D.C. 228; 214 F. 2d. 862. The decision will be very persuasive authority in other Federal courts and should also exert an influence on the decisions in State courts. While this was being written a second decision again reversed a new conviction in the Durham case because of fatally defective instructions to the jury involving the prejudicial warning that if found not guilty by reason of insanity and committed to a hospital, the defendant would "very shortly" be released, and failure to instruct that, if acquitted by reason of insanity, the defendant "may be confined as long as the public safety and . . . [his] welfare" require." *Durham v. United States*, Ct. App., D.C. Circ. (March 29, 1956), — F. 2d.

² *Daniel M'Naghten's Case*, House of Lords, 1843, 10 Cl. & Fin. 200, 8 Eng. Rep. 718. The name of the defendant has received various spellings in the reports.

simple proposition that "*an accused is not criminally responsible if his unlawful act was the product of mental disease or defect.*" As the Durham decision points out, this is similar to an idea expressed judicially in only one state previously. In 1870, in *State v. Pike*,³ the New Hampshire court discarded the McNaghten rules as contrary to both sound psychiatry and sound criminal law. The Durham case, in 1954, echoes that view. It has aroused considerable discussion, pro and con, in the law reviews.⁴ To appreciate its effective simplicity, it is instructive to dramatize the classic McNaghten decision of 1843, stepping back into the early years of the reign of good Queen Victoria, and into the historic criminal court, Old Bailey.⁵

VOICE: The Queen versus McNaghten.

ANOTHER VOICE: *What legal test must a person satisfy in order to be excused from responsibility and punishment for his crime on account of insanity?*

SOUND: *Up music and out . . . Voices in court-room, which fade out as characters speak.*

SOLICITOR GENERAL (Sir William Follett): May it please you, my Lord, Gentlemen of the Jury. You are assembled to discharge a most solemn and important duty. You will have to decide whether the prisoner at the bar be guilty or not guilty of the awful crime of murder. Mr. Drummond, a gentleman most beloved and esteemed by all who knew him, whose tragic death we are to inquire into this day, was private secretary to Sir Robert Peel. In due course, I shall review the facts I propose to prove, but in the meantime I must put you on notice that it is intended to rest the defense on the plea that he was insane at the time he committed the crime; and, Gentlemen, it will be your painful duty to decide whether he was in that degree of insanity which would render him not a responsible agent and not answerable to the laws of his country. This defense is a difficult one at all times; for while, on the one hand, everyone must be anxious that a being of unsound mind should not suffer, yet, on the other

³ *State v. Pike*, 49 N. H. 399 (1870). See, also, *State v. Jones*, 50 N. H. 369 (1871).

⁴ See, for example, The University of Chicago Law Review, Vol. 22 (1955), pp. 317-404; and Sobeloff, *Insanity and the Criminal Law: From McNaghten to Durham and Beyond*, 41 A.B.A.J. 793, 879 (1955).

⁵ The script consists of a selection, condensation and dramatization of "*Report of the Trial of Daniel McNaghten at the Central Criminal Court, Old Bailey (on Friday, the 3rd, and Saturday, the 4th of March, 1843) for the Wilful Murder of Edward Drummond, Esq., by Richard M. Bousfield, of the Honourable Society of Gray's Inn, Student at Law; and Richard Merrett, Shorthand Writer.*" London: Henry Renshaw, 1843.

hand, the public safety requires that this defense should not be too readily listened to. The most celebrated writer on this difficult subject, Lord Hale, in his famous treatise on *Pleas of the Crown*, lays down what I believe to be the correct rule of law when he says: "The best measure I can think of is this: such a person as, laboring under melancholy distempers, hath yet ordinarily as great understanding as ordinarily a child of 14 years hath, is such a person as may be guilty of felony." Let me repeat, Gentlemen, that this is a correct principle of law . . . The whole question will turn upon this: if you believe the prisoner at the bar when he fired the pistol was under the influence and control of some disease of the mind which prevented him from distinguishing between right and wrong — if you believe that he did not know he was violating the law both of God and man, then, undoubtedly, he is entitled to your acquittal. But nothing short of that will excuse him upon the principle of the English law. It will not be sufficient that he labored under partial insanity upon some subjects — which could not exist in a wholly sane person; that is not enough, if he had that degree of intellect which enabled him to distinguish between right and wrong. And now to the facts . . . Constable Partridge, you have been sworn, tell the jury just what happened.

CONSTABLE: On Friday, the 20th of January, I was on duty in the neighborhood of Charing Cross. About 4 o'clock in the afternoon I was coming from Whitehall, near Mr. Gould the fishmonger's, when I saw this bloke . . .

SOLICITOR GENERAL: Kindly refer to him as the prisoner . . .

CONSTABLE: Yes, Mr. Solicitor General, him that's standing there in the dock, Daniel McNaghten . . .

SOLICITOR GENERAL: Proceed . . .

SOUND: *Fades into street noises . . . horses trotting on cobblestones, cries of street hawkers; "Buy yer sweet lavender 'ere, the best in London town," etc.*

CONSTABLE: Excuse me, Sir, I saw you standing around on the Council steps and in front of Sir Robert Peel's home yesterday and the day before. Now you're here again. Would you mind telling me your business?

McNAGHTEN: Business? . . . Ah, business . . . (mysteriously) spies, Constable. Spies and devils . . . 'tis a system . . .

CONSTABLE: Hm. What? . . . Yes . . . Well now would you be so kind as not to stand around these public buildings unless you have some business here?

McNAGHTEN: You can tell Sir Robert Peel's spies and devils their property is quite safe . . .

CONSTABLE: Look 'ere, I don't know anything about spies and devils, but I think you'd better move on . . . Just keep moving . . .

SOUND: *Walking away on pavement
Up music and out . . .*

VOICE OF CITIZEN: I say, Constable. There's a man over near Sir Robert Peel's place in Privy Gardens that's acting sort of strange. I saw him loading a pistol . . .

CONSTABLE: Blimey! It must be old Spies and Devils! I'd better go after him. He's a queer un, if ever there was! There he is now, coming around the corner. Good heavens! . . . 'e's waving a pistol! Hi, there, you! Stop . . .

SOUND: *Running on pavement followed by pistol shot; running feet; sound of scuffle.*

CONSTABLE: No you don't, my 'earty. I'll take that pistol. There. Oh, so you've got another, eh? Give it to me! There now, you can't do any more damage, though it looks like you've done enough already . . .

McNAGHTEN: (*Panting*) Let me go, I say. He's one of those devils . . .

SOUND: *Scuffle.*

CONSTABLE: No use struggling. I got your arms pinioned. So, one shooting wasn't enough? Ye have to try to kill one of 'er Majesty's constables, too? Hallo there! You in the green muffler, come 'ere quick . . .

VOICE: Yes, Constable.

CONSTABLE: Just hold this bloke, like this, around his arms . . . that's it — while I see to the wounded man . . .

VOICE: Yes, Constable. Heaven spare us, the poor man's mortally wounded . . .

CONSTABLE: This man must be taken to an 'ospital. He's bleeding badly . . . Hi there, Cabby! . . .

SOUND: *Horses and cab on cobblestones . . .*

CONSTABLE: Here you are, Sir. Just lean back on me. That's it. What's your name?

DRUMMOND: (*Groaning*) Edward Drummond . . . Secretary to Sir Robert Peel. Take me to my home, Constable . . . Grosvenor Street, Number 15. Send for my family surgeon . . .

CONSTABLE: That I'll do, Sir. What's his name?

DRUMMOND: Richard Jackson, Charles Street, Haymarket . . .

CONSTABLE: Righto! Here, hold this kerchief to your side, Sir. 't will help stop the bleeding. Take Mr. Drummond to his home, Cabby . . .

SOUND: *Lifting man into cab; horses trotting away.*

CONSTABLE: Thank you for helping. I'll take the prisoner now. You take a cab over to Dr. Jackson's on Charles Street, Haymarket. Tell him to come at once to Mr. Edward Drummond's. Matter of life and death . . .

VOICE: Yes, Sir. (*Calling*) Cabby! Cabby!

SOUND: *Up music and out . . . Voices and noises in court room . . .*

SOLICITOR GENERAL: Does my brother Cockburn wish to question the witness?

COCKBURN: Thank you. Constable Partridge, you are to be commended for the efficiency with which you acted. Now you said the prisoner was a queer one. Did you not mean he was insane?

SOLICITOR GENERAL: Surely, my Lord, the question is improper . . .

COCKBURN: I withdraw it. Will you repeat what the prisoner said to you . . . about spies and devils . . .

CONSTABLE: He said he killed the man thinking he was Sir Robert Peel, and that Sir Robert was sending all sorts of spies and devils after him . . .

COCKBURN: Thank you. That is all.

SOUND: *Up music and out . . . Voices and noises in court room.*

SOLICITOR GENERAL: Now, Inspector Tierney, you are in charge of the gaol where McNaghten has been confined awaiting trial?

INSPECTOR: Yes, Sir.

SOLICITOR GENERAL: When you spoke to the prisoner on the evening of the shooting, did you tell him that Mr. Drummond had died?

INSPECTOR: I did, Sir.

SOLICITOR GENERAL: What did he say?

INSPECTOR: Said it was too bad. Seemed sorry.

SOLICITOR GENERAL: In other words, he acted just the way one would who knew it was wrong to murder and was really sorry?

INSPECTOR: Yes, Sir.

SOLICITOR GENERAL: Thank you. Your witness, my friend.

COCKBURN: Tell me, Inspector Tierney, is it part of your regular duties to visit an arrested person in his cell and subject him to questioning?

INSPECTOR: I see no harm in putting interrogatories to a prisoner under my care.

COCKBURN: There may well be harm! Did you caution him as to his rights under the laws of England?

INSPECTOR: Yes. I cautioned him not to say anything that might criminate himself; that it could be used in evidence against him...

COCKBURN: (*Drily*) Very right and proper. But will you tell me, on your solemn oath, whether your intention was not to extort a confession from the prisoner.

INSPECTOR: No, Sir. I talked to him friendly like, for the purpose of letting him know that I was ready to receive any communication he thought proper to make.

COCKBURN: And what did the prisoner say, again please?

INSPECTOR: He said I acted very fairly toward him. He said that fair play was the English character...

COCKBURN: (*Impatiently*) Yes, yes, well what next?

INSPECTOR: I asked him where he came from and he said from Glasgow, that he was a turner and had done well in business. And he must have, Sir, judging by the fact that we found over 750 pounds in Bank of England notes on his person when arrested...

COCKBURN: Proceed...

INSPECTOR: I then asked him things about Glasgow... whether there was a railway from Glasgow to Edinburgh, and the prices of the fares of the different classes, and he answered everything correctly. Seemed perfectly sane and lucid to me...

COCKBURN: I didn't ask your opinion as to his sanity. Did he not say that the Tories impelled him to do the shooting? Did he not complain that spies had followed him and persecuted him wherever he went?

INSPECTOR: Yes he did, Sir.

COCKBURN: Then why did you not say so?

INSPECTOR: I was coming to that.

COCKBURN: You may step down.

SOUND: *Up music and out . . . Voices
in court room . . .*

SOLICITOR GENERAL: Your occupation, Mr. Forrester?

FORRESTER: Hair-dresser in Glasgow, Sir.

SOLICITOR GENERAL: You knew the prisoner for some time?

FORRESTER: A long time, Sir. I have been in the habit of visiting him frequently there on Sunday afternoon. We did not drink when I went there . . . just sat and talked. I never saw anything about him that made me suppose he was at all wrong in his intellect . . . He used to argue quite sharply . . .

SOLICITOR GENERAL: That will do. Your witness, Mr. Cockburn.

COCKBURN: Isn't it a fact that you yourself went to the police and offered to testify against the prisoner?

FORRESTER: I deemed it my duty . . .

COCKBURN: (*Drily*) Yes, a very noble virtue — devotion to duty. Now when you went to the police weren't you, as a matter of fact, rather done in with liquor?

FORRESTER: No. It was Mrs. Patterson, Sir, a very gossipy and talkative neighbor of mine, who said I was tipsy when I told her I was going to the police . . .

COCKBURN: And of course you were not at all — er — tipsy?

FORRESTER: Can't say that I was . . .

COCKBURN: And do you remember saying to Mrs. Patterson that you always were sure McNaghten was *daft*?

FORRESTER: I said no such thing . . . Ah well, I did say he was a bit touched . . .

COCKBURN: Very subtle distinction. And, pray, what had you had to drink before you went to Mrs. Patterson's and then to the police?

FORRESTER: Very little, Sir. Very little indeed.

COCKBURN: Tell us, please . . .

FORRESTER: I dined at the Pitt's. I 'ad no spirits whatsoever. I 'ad a tumbler of ale . . . yes; I 'ad more than one tumbler . . . 'ad one before dinner as matter of fact, and a pint o' porter with the cold air taken off, and a tumbler of ale at dinner. I should perhaps say two . . . and I swear that is all the drink I 'ad both before and after dinner.

I mean to represent myself, Sir, as being perfectly sober . . .

COCKBURN: And on that — sober — basis you told the police there was nothing wrong that you had noticed in the prisoner's demeanor and speech and habits . . .

FORRESTER: Well put, Sir . . .

COCKBURN: (*Drily*) Very convincing testimony, I'm sure. That will be all . . .

SOUND: Up music and out . . . Voices in court room

ELIZA DUTTON: Yes, me Lud, the prisoner lodged at my house for several months. He first came to lodge with me about July twelve-month. I had at that time a room to let, a back attic though full of sunshine. He took it. Half-a-crown a week, and cheap at that price . . .

SOLICITOR GENERAL: And he always paid you promptly?

ELIZA DUTTON: Yes, Sir.

SOLICITOR GENERAL: For the laundry, as well?

ELIZA DUTTON: Yes, Sir.

SOLICITOR GENERAL: Did he check the bills?

ELIZA DUTTON: Yes, Sir . . . both for the room and the laundry. He always added up the bill carefully, Sir, and would question me about certain items, but he always was quite reasonable in paying . . .

SOLICITOR GENERAL: Does my brother wish to question the witness?

COCKBURN: Tell me, Mrs. Dutton, did you ever notice anything strange or unusual about the prisoner's behavior during the time he was a lodger at your — ah — estimable establishment?

ELIZA DUTTON: No, he seemed quite all right to me, Sir . . . I never observed anything to make me think he wasn't right in his mind . . .

COCKBURN: Hm. Yes. But did he not complain of headaches?

ELIZA DUTTON: Well, yes. Said his head was very bad. Yes, I must say he often used to complain of pains in his head . . .

COCKBURN: Ah?

ELIZA DUTTON: He said he had a great deal of fever in his head . . .

COCKBURN: That will do. Your witness.

SOLICITOR GENERAL: Mrs. Dutton, would you be good enough to tell us . . . did Mr. McNaghten appear to be a man of very sober habits?

Mental Illness and Criminal Responsibility

ELIZA DUTTON: Oh yes, me Lud. I never knew him to stop out except when he went to Glasgow. . . . He used to come in between 8 and 9 o'clock. I always let him in and gave him his candle when he went to bed . . .

SOLICITOR GENERAL: Now outside of his headaches, you noticed nothing very strange in his manner?

ELIZA DUTTON: No, me Lud. Well, he was penurious. Had only a single change of linen . . .

SOUND: Up music and out . . . Court room noises . . .

COCKBURN: And you still insist, Dr. Douglas, that when the prisoner attended your lectures in anatomy you found him perfectly normal?

DR. DOUGLAS: Yes, it was two summers ago. I had an opportunity of speaking to him almost every day. In my lectures I give a description of the body, from beginning to end, and in the dissecting room I explain particularly to the students what they hold in their hands and I observed nothing about him to lead me to suppose that his mind was not right . . .

COCKBURN: Have you had any experience with lunatics, Doctor?

DR. DOUGLAS: I confess I have not, Sir . . .

SOUND: Up music and out . . . Noises in court room . . .

SWANSTON: . . . And in all the time that the prisoner came to the Mechanics' Institution at Glasgow from 1839 to 1842, when he took books from our library, I never remember once doubting that he was a man of quite normal intelligence and demeanor. He was a member of a subcommittee that drew up a memorial, and he always spoke sensibly. I never observed anything remarkable either in his appearance or manner . . .

SOUND: Up music and out . . . Court room murmurs . . . Sound of gavel.

LORD CHIEF JUSTICE TYNDAL: As agreed upon last night, we are entering the second day of this trial. I trust it will be possible to conclude it today. I believe, Mr. Cockburn, you now wish to open for the Defense?

COCKBURN: Yes, my Lord. Thank you. May it please your Lordships, Gentlemen of the Jury. I rise to address you on behalf of

the unfortunate prisoner at the bar under a feeling of responsibility so overwhelming that I feel almost borne down by the weight of my solemn and difficult task. You have sat with commendable patience throughout yesterday's proceedings. I am certain you will, in the best tradition of a British jury, pay me and the witnesses about to be heard, your equal undivided attention.

I am not here to deny that the hand of the prisoner was raised against the unfortunate deceased. The defense upon which I shall rely turns, as my learned friend the Solicitor General has anticipated, upon the law of England under which insanity absolves a man from responsibility. I propose to place before you evidence of those who have known the prisoner for many years and have observed a marked change in his manner and mentality. I shall also call before you members of the medical profession — men of intelligence, experience, skill, and undoubted probity — who will tell you upon their oaths that it is their deep conviction that this man is mad, that he is the creature of delusion and the victim of ungovernable impulses which wholly take away from him the character of a reasonable and responsible being.

What is the nature and degree of mental disease which in the eye of the law will have the effect of divesting the party afflicted with it from legal responsibility for his acts? My learned friend, the Solicitor General, has directed your attention to the legal authorities which bear upon this question. But I think it will be quite impossible for any person who brings a sound judgment to bear upon this subject, when viewed with the aid of the light which science has thrown upon it, to come to the opinion that the ancient legal maxims, which, in times gone by, have been laid down for our guidance, can be taken still to obtain. For it must not be forgotten that the knowledge of this disease in all its various forms is a matter of very recent growth.

I may appeal to the many medical gentlemen I see around me, whether the knowledge and pathology of this disease has not within a few recent years first acquired the character of a science. It is but as yesterday that to be cut off from the rest of mankind like the lepers of old — the dismal cell, the bed of straw, the iron chain, and the inhuman scourge — were the fearful lot of those who are best entitled to human pity and sympathy. You can easily understand, Gentlemen, that when it was the practice to separate these unhappy beings from the rest of mankind and to subject them to this cruel treatment, the person whose reason was but partially obscured would ultimately in most cases be converted into a raving madman; that, when thus

immured and shut up, neglected, abandoned, overlooked — all the peculiar forms and characteristics and changes of this malady were lost sight of and unknown, and therefore how difficult it was to judge correctly concerning it. Thus we understand how it was that crude maxims and singular propositions founded upon the hitherto partial knowledge of mental illness have been put forward and received as legal authority, although utterly inapplicable to many of the cases arising under the varied forms of insanity.

My learned friend, the Solicitor General, has read to you the authority of the great Lord Hale upon the subject of this inquiry. I hold in my hand the most scientific treatise that the age has produced upon the subject of insanity in relation to jurisprudence, *A Treatise on the Medical Jurisprudence of Insanity*, published in Boston, in 1838, the work of Dr. Isaac Ray, an American writer on medical jurisprudence and a professor in one of the great national establishments of that country. Dr. Ray, at the very beginning of his work, says: "Statutes were framed and principles of law laid down regulating the legal relations of the insane, long before physicians had obtained any accurate notions respecting their malady; and, as might be expected, error and injustice have been committed to an incalculable extent, under the sacred name of law."

Speaking of Lord Hale's views, which the Solicitor General has made much of, Dr. Ray says: "The doctrines thus dogmatically laid down by Lord Hale have exerted no inconsiderable influence on the judicial opinions of his successors; and his high authority has always been invoked against the plea of insanity whenever it has been urged by the voice of philanthropy and true science. In the time of this eminent jurist, insanity was a much less frequent disease than it now is, and the popular notions concerning it were derived from the observation of those wretched inmates of the mad-houses whom chains and stripes, cold and filth, had reduced to the stupidity of the idiot, or exasperated to the fury of a demon. Those nice shades of the disease in which the mind, without being wholly driven from its propriety, pertinaciously clings to some absurd delusion, were either regarded as something very different from real madness, or were too far removed from the common gaze, and too soon converted by bad management into the more active forms of the disease, to enter much into the general idea entertained of madness. Could Lord Hale have contemplated the scenes presented by the lunatic asylums of our own times, we should undoubtedly have received from him a very different doctrine for the

regulation of the decisions of after generations." Such, gentlemen of the jury, are the wise words of the distinguished Doctor Ray.

I would add to these views that of the brilliant Lord Erskine, at the trial of Hadfield on a charge of high treason for shooting at King George III. He said: "The Attorney General, standing, undoubtedly, upon the most revered authorities of the law, has laid it down, that to protect a man from criminal responsibility there must be a *total* deprivation of memory and understanding. I admit that this is the very expression used both by Lord Coke and by Lord Hale; but the true interpretation of it deserves the utmost attention and consideration of the court. If a total deprivation of memory was intended by those great lawyers to be taken in the literal sense of the words — if it was meant that, to protect a man from punishment, he must be in such a state of prostrated intellect as not to know his name, nor his condition, nor his relation towards others — that, if a husband, he should not know he was married, or, if a father, could not remember that he had children, nor know the road to his house, nor his property in it — then no such madness ever existed in the world." Lord Erskine goes on to discuss the various types of insanity and says, of the type we are here concerned with: "Another class, branching out into almost infinite subdivisions, under which, indeed, every case of insanity may be classed, is, when the delusions are not of that frightful character, but infinitely various and often extremely circumscribed; yet where imagination (within the bounds of the malady) still holds the most uncontrollable dominion over reality and fact; and these are the cases which frequently mock the wisdom of the wisest in judicial trials; because such persons often reason with a subtlety which puts in the shade the ordinary conceptions of mankind. Their conclusions are just and frequently profound; but the premises from which they reason when within the range of the malady are uniformly false — not false from any defect or knowledge or judgment, but because a delusive image, the inseparable companion of real insanity, is thrust upon the subjugated understanding, incapable of resistance because unconscious of the attack. Delusion, therefore, when there is no frenzy or raving madness, is the true character of insanity."

Thus, my Lords, and Gentlemen of the jury, spoke the great Lord Erskine, and in this doctrine is the true interpretation of the law to be found.

My Lords, I should like now to present the witnesses for the defense.

Mental Illness and Criminal Responsibility

LORD CHIEF JUSTICE TYNDAL: You may proceed, Mr. Cockburn.

COCKBURN: Mr. Robert Gordon, please.

SOUND: Witness entering box . . .

VOICE: Mr. Robert Gordon, do you swear that what you are about to state is the truth, the whole truth and nothing but the truth, so help you God?

GORDON: I do.

COCKBURN: Now Mr. Gordon, you are a friend of the accused?

GORDON: Yes, I've known him for years. We worked together and lived together in the same house in Glasgow.

COCKBURN: Had you noticed any change in his appearance or manner during the past few months?

GORDON: Decidedly, Sir.

COCKBURN: In what way?

GORDON: Well, when I came to London to visit him, I noticed that he had a strange, strained look in his eyes. He'd acquired a habit of knitting his brow. He would roll his eyes, then he would suddenly burst into loud fits of laughter without any cause for it.

COCKBURN: Anything else that struck you as strange in his manner?

GORDON: We were walking along together one day down past the Horse Guards, into Parliament Street and then into Westminster Hall, and on our way we passed Sir Robert Peel's house. I mentioned to Mr. McNaghten that that was where Sir Robert Peel stopped. He swore an oath and said "Damn him!" He was furious.

COCKBURN: Did you observe anything else peculiar in his manner or his habits in recent weeks?

GORDON: He would jump up in the middle of the night, pace about the room saying unconnected sentences and "By Jove," and "My God."

COCKBURN: Any questions?

SOLICITOR GENERAL: No thank you . . .

SOUND: Up music and out . . . Voices in court room.

COCKBURN: Mr. McNaghten, you say the prisoner is your natural son?

McNAGHTEN SENIOR: That is correct, Sir.

COCKBURN: Tell the jury what he said to you before leaving Glasgow for London.

McNAGHTEN SENIOR: He said he wished me to speak to some of the officials in Glasgow to put a stop to a persecution raised against him by persons connected with the Tories. I assured him there was no such persecution, but he only shook his head and said he was sure. A week later he again came to me and said it was useless for him to attempt to work because he was followed by spies night and day. He saw them every time he turned round. I asked him what they did to him. He said they laughed in his face, shook their fists at him, carried straw under their arms. I asked him if he could point out any of these spies to me. "Oh no," said he, "if they saw you with me they would not follow me at all." He said these spies were trying to reduce him to beggary. He asked me to call on the Sheriff and tell him about them. He insisted the spies had followed him to France and England, morning and evening. I had much difficulty to divert his mind from this subject.

COCKBURN: Your witness.

SOLICITOR GENERAL: Why did you not report his alleged condition to the Procurator-Fiscal in Glasgow?

McNAGHTEN SENIOR: I thought he would get over his condition; and there was much illness in the junior branches of my family — scarlet fever. One child died of it, and so, my mind was on other things . . .

SOUND: *Up music and out . . . Voices in court room.*

COCKBURN: You were saying, Mr. Johnstone, that the prisoner had called on you as a member of Parliament to request advice and assistance to get quit of this persecution?

JOHNSTONE: When he came to me at Glasgow, he first talked about other business and upon that I found him quite — er — reasonable and tranquil. As a matter of fact, when he began on this subject of persecution he also spoke in a tranquil manner, said he was persecuted by emissaries of some political party he had supposedly given offense to. Said he was followed by persons hired to annoy him; could get no rest, night or day on account of being watched, and he did not know what to do. He insisted that nothing would satisfy his persecutors but his life. I told him quite frankly I did not think anyone was following him or any political party had annoyed him. He said many persons had told him he was mistaken, but he did not believe he had anything wrong with him; was in perfect health, of sound mind. I was relieved to get rid of him.

SOUND: Up music and out...Voices in court.

COCKBURN: You say, Mr. Wilson, that the prisoner consulted you as police commissioner of Glasgow to ask your protection?

WILSON: That he did. After talking about the weather, I saw by his anxious manner he had something to communicate, and when I asked him he said, hesitatingly, "Why it's a sort of persecution I'm the object of." He said that these persecutors followed him even when he retired to his bed. He asked me to inquire into the matter. He showed great anxiety on the subject . . . was very calm when he came in, but when he left he was agitated from head to foot. I never saw the like before! . . . His manner was such that it excited some of my family, who were in an adjoining room, who said, when he went out, "Surely that man is daft", . . . He came again next week and said there were others annoying him, and when I asked who they were, he said that some of my police were at the bottom of it, they were in some sort of plot against him.

COCKBURN: Will you question the witness, Mr. Solicitor General?

SOLICITOR GENERAL: I presume you did not deem it necessary to take any steps to restrain the prisoner in consequence of these statements to you?

WILSON: I did not . . . I did not think he was dangerous . . . just daft . . .

SOUND: Up music and out...Court-room noises.

COCKBURN: Now Doctor Monro, as a man of much experience in the treatment of lunatics for thirty years, you visited the prisoner in the gaol . . .

DR. MONRO: Accompanied by Drs. Bright and Sutherland, who visited him at the same time on the part of the Crown.

COCKBURN: Will you state the results of your examination of the prisoner?

DR. MONRO: We all in turn asked the prisoner various questions. I made notes immediately afterwards and have them here, but can tell you the substance without looking at them.

COCKBURN: Very well, Doctor.

DR. MONRO: He told us he was persecuted by a crew—a "system" he called them—at Glasgow, Edinburgh, Liverpool, London and Boulogne—they pursued him wherever he went; that he had no

peace; it would kill him; it was a grinding of his mind. I asked him if he had taken medical advice and he said physicians would be of no use; that tons of drugs could not benefit him; that in Glasgow he had observed in the street people speaking of him, saying "That is the man, the murderer, the worst of characters," that he applied to the authorities for protection and his complaints were sneered at, and that he said Sir Robert Peel might have stopped the "system" if he only would; that on leaving the court house he saw a man with a bundle of straw under his arm scowling at him and knew well enough what that meant — everything against him was done by signs.

COCKBURN: What did he say the straw meant?

DR. MONRO: That he should lie on straw in an asylum. He said that on the steamboat on his way from Glasgow to Liverpool he had been watched and examined closely by persons coming near him; they wanted to murder him and he was afraid to go out after dark for fear of assassination; that though told by Mr. Johnstone he was under a delusion, he was satisfied he was under no delusion; that he had read in the Glasgow Herald beastly and atrocious insinuations against him; that he found poison in his food; that he endeavored to study anatomy in order to get peace, but could not find it; that he imagined the person at whom he fired at Charing Cross to be one of the crew, one of the system, destroying his health.

COCKBURN: Does your knowledge of insanity enable you to judge between the conduct of a man who merely feigns insanity and one who actually feels it?

DR. MONRO: Yes.

COCKBURN: Do you consider that the delusions were real or assumed?

DR. MONRO: I have not a shadow of doubt that they were real.

COCKBURN: Thank you, Dr. Monro. That will do. Do you wish to examine the witness?

SOLICITOR GENERAL: I think so. Now, Doctor, are you sure you can discriminate between a case where a man is actually laboring under a delusion and where a man feigns a delusion?

DR. MONRO: Yes, Sir, I am quite satisfied that the prisoner actually entertained the delusions he was giving utterance to.

SOLICITOR GENERAL: But you will not deny it is possible for even the most experienced physician to make mistakes in a matter of lunacy?

DR. MONRO: I claim no perfection. But even if I had heard

nothing of the prisoner's past history nor the evidence given today, my examination in the prison would certainly have led me to the conclusion that he was insane. Coupling that with the history of the past two years of his life, I have not the remotest doubt of his insanity.

SOLICITOR GENERAL: Is it not a fact, Doctor, that a man may have a delusion and still be capable of exercising self-control?

DR. MONRO: Sometimes. However, I believe that the delusion the prisoner had, had developed to the extent of depriving him of all self-control. The shooting was the crowning act of his delusion, the climax, the carrying out of that precise idea which had been haunting him for years.

SOLICITOR GENERAL: But, Doctor, how do you account for the fact that the prisoner was able to work on a committee, to take a course in anatomy, and to transact his business affairs quite satisfactorily?

DR. MONRO: There may exist a partial delusion sufficient to overcome a man's moral sense and self-control and render him irresponsible for his actions. This partial insanity can exist, and the faculty it affects be impaired, and yet the monomaniac exhibits all the appearance of sanity in other respects. The acutest reasoners, good arithmeticians, good artists and good architects — I have known great ability on those points to coexist with mental disease in other respects.

SOLICITOR GENERAL: Pardon my insistence, Doctor, but do you really mean to tell us you are capable of distinguishing a delusion of mind by merely questioning the party; that you can satisfy yourself, by merely going into a cell where a prisoner is, whether his mind is diseased at all? Might not the prisoner be using great cunning in endeavoring to escape the consequences of his crime by pretending...

DR. MONRO: The experienced lunacy expert can detect the malingerer. A few months ago, in this very prison, I was called on to give an opinion respecting a prisoner who was convicted and to be hanged in a few days. I was to answer whether I thought he was assuming insanity or not. I saw and questioned him, and came to the conclusion, feeling my responsibility very much, that he was assuming; and to my great satisfaction, before he was hanged, this man confessed that his madness was altogether feigned.

SOLICITOR GENERAL: Now will you tell us clearly, please, whether in your opinion a person with a partial delusion is necessarily insane?

DR. MONRO: If I am satisfied that any patient, whether a prisoner or not, labors under morbid delusion, I should certainly certify him to be of unsound mind.

SOLICITOR GENERAL: And you still insist that a person may be of unsound mind and yet be able to carry on complicated affairs of life?

DR. MONRO: Yes. It depends on the progress of the morbid process . . .

SOLICITOR GENERAL: May insanity exist together with a moral perception of right and wrong?

DR. MONRO: Yes; it is very common.

SOLICITOR GENERAL: Aha. So that a person may have a delusion and still know, for example, that thieving or killing is a crime?

DR. MONRO: Yes. But his antecedent delusions lead to one particular offense or another. I consider the prisoner's act the crowning piece of his insanity. It all tallies. If he had stolen a ten pound note, I should not have been able to ascertain how that was connected with his antecedent delusion.

SOLICITOR GENERAL: But the prisoner could have had this delusion and still be able to distinguish between right or wrong?

DR. MONRO: A delusion of this nature carries a man quite a way.

SOLICITOR GENERAL: Please be explicit. What exactly do you mean?

DR. MONRO: I mean that his mind was so absorbed in the contemplation of this fancied persecution, that he did not distinguish between right and wrong, although I think a person may be laboring under morbid delusion, and still have the moral perception of right and wrong in some respects.

SOLICITOR GENERAL: But it is possible for partial unsoundness of mind to exist without affecting the moral perception?

DR. MONRO: Yes. For instance, if a man fancies that he has got a pair of glass legs, and will not put them to the ground on that account, there is nothing in that which will affect the moral perception; but if the nature of the delusion is such as to excite the fierce and angry passions of human nature, it very likely will affect the moral perception.

SOUND: Up music and out . . . Court room sounds.

COCKBURN: Dr. Hutchinson, what are your qualifications?

DR. HUTCHINSON: I am physician to the Royal Lunatic Asylum at Glasgow, have been connected with it for four years, and during that time I have seen above a thousand lunatics, and treated them.

SOLICITOR GENERAL: My Lord, I am not questioning the gentleman's professional qualifications.

COCKBURN: Merely for the record, my Lord. Now will you kindly tell us, Dr. Hutchinson, what your conclusion is?

DR. HUTCHINSON: I visited the prisoner in conjunction with the other medical gentlemen. I examined him by means of questions, and found that he was laboring under morbid delusion of the mind. I am satisfied that those delusions were really felt by him and that they sufficiently account for the act with which he now stands charged.

COCKBURN: Any cross-examination, Mr. Solicitor General?

SOLICITOR GENERAL: Dr. Hutchinson, are you of opinion that, at the time the man committed the act, he was capable of exercising self-control and of resisting the impulse to which he so tragically yielded?

DR. HUTCHINSON: Perfectly incapable of exercising control in any matter connected with the delusion . . . the act flowed immediately out of that delusion.

SOLICITOR GENERAL: But remember, my dear Doctor, that when you examined him, you already knew he had killed a man. Did not that fact affect your judgment?

DR. HUTCHINSON: I should have had no hesitation in certifying him as a dangerous lunatic many months ago, had I been consulted then.

*SOUND: Music up and out . . . Voices
in court.*

COCKBURN: Mr. Winslow, you are not only a surgeon but also the author of the *Plea of Insanity in Criminal Cases* and other works on the subject of insanity?

WINSLOW: I am.

COCKBURN: I think you have been in the court during the whole of the trial and have not been summoned on either side, and have heard all the evidence?

WINSLOW: That is so.

COCKBURN: Judging from the evidence you have heard, what is your opinion as to the prisoner's state of mind?

WINSLOW: I have not the slightest hesitation in saying he is insane, and that he committed the offense in question whilst afflicted with a delusion, under which he appears to have been laboring for a considerable length of time.

LORD CHIEF JUSTICE TYNDAL: Mr. Solicitor General, are you prepared with any evidence to combat this testimony of the medical witnesses? If you are not, then my learned brethren, Mr. Justice Williams and Mr. Justice Coleridge, as well as I, believe we must be under necessity of stopping the case. Is there any medical evidence on behalf of the Crown?

SOLICITOR GENERAL: No, my Lord. But I cannot agree with the observations my learned friend has made on the legal authorities that have been cited in this case. I think Lord Hale states the law correctly. Our object here is to ascertain whether at the time the prisoner committed the crime he was to be regarded as a responsible agent, or whether all control of himself was taken away.

LORD CHIEF JUSTICE TYNDAL: I shall submit the case to the jury. Gentlemen of the Jury, I have been much struck by the evidence we have heard from the medical persons. It seems almost unnecessary that I should summarize the evidence. The question to be determined is, whether at the time the act in question was committed, the prisoner had or had not the use of his understanding, so as to know that he was doing a wrong or wicked act. If you should be of opinion that the prisoner was not sensible, at the time he committed it, that he was violating the law of God or man, then he was not responsible for the act and would be entitled to a verdict in his favor: but if, on the contrary, you are of opinion that when he committed the act he was capable of distinguishing between right and wrong when he shot his unfortunate victim, then he was a responsible agent and liable to all the penalties the law imposes, and your verdict must be against him.

SOUND: *Music up and out . . . Voices in court, followed by sound of gavel.*

LORD CHIEF JUSTICE TYNDAL: Gentlemen of the Jury, have you come to a decision?

THE FOREMAN: My Lord, we find the prisoner not guilty on the ground of insanity.

ANNOUNCER: The acquittal of McNaghten created a furor in all walks of English life . . .

SOUND: *Voices in "Pub"*

FIRST COCKNEY: The bloomin' murderer won't 'ang just because 'e was a bit balmy . . . (*Calling*) 'Ere, Myrtle, another pot o' porter . . .

MYRTLE: Comin' right up . . .

SECOND COCKNEY: If ye ask me, it's not McNaghten that's daft, but the criminal law. Blimey! to let such bloomin' killers go scot-free! . . .

SOUND: Music, "Blue Danube."

QUEEN VICTORIA: How do you do, Mr. Disraeli. Are you enjoying the ball?

DISRAELI: I always enjoy basking in the sunshine of Your Gracious Majesty . . .

QUEEN VICTORIA: (*Laughing*) Oh, Mr. Disraeli! Always the polished courtier! . . . By the way, this McNaghten case. Everybody is talking about it. Frightful, wasn't it, that he should be found not guilty? Isn't there some confusion in the law? The man was able to transact his business affairs. I'm told by Mr. Gladstone that McNaghten was no more insane than — well, than you are, Mr. Disraeli . . .

DISRAELI: (*Chuckling*) Very generous of Mr. Gladstone. I always believed, Your Majesty, that he thinks me more than a little daft.

QUEEN VICTORIA: (*Laughing*) You do say the wittiest things; but seriously, Mr. Disraeli . . .

DISRAELI: Your Majesty can rest quite at ease about it . . . The House of Lords will probably decide to put certain questions to Your Majesty's Judges, to see whether the law cannot be clarified . . .

SOUND: Up music and out . . . Noises in House of Lords

THE LORD CHANCELLOR: My Lords, I have felt anxious at the earliest possible day to call your Lordships' attention to the subject of a late notorious trial. A gentleman in the prime of life, of a most amiable character, incapable of giving offense or of injuring any individual, was murdered in the streets of this metropolis in open day. The assassin was secured; he was committed for trial; that trial has taken place, and he has escaped with impunity . . . The law on the subject of insanity is, if I may indulge in a pun, quite insane. As for myself, I am convinced that if the perpetrator knew, at the time of doing the desperate act, that it was forbidden by the law, he should have been found guilty and suspended by the neck! That is my test of sanity. I care not what judges gave another test. I will go to my

grave in the belief that that is the real, sound and consistent test . . .

LORD COTTENHAM: My Lords, I cannot listen to any doctrine which proposes to punish persons laboring under insane delusions . . .

THE LORD CHANCELLOR: It is because of this difference of opinion as to the state of the law of England on this most intricate subject, that it would be well for your Lordships to call Her Majesty's judges before you to determine just what is the law . . .

SOUND: *Music up and out . . . House of Lords . . .*

THE LORD CHANCELLOR: My Lords, Her Majesty's Judges are here to report on the law of insanity . . .

LORD CHIEF JUSTICE TYNDAL: My Lords, your first question is: *What is the law respecting crimes committed by a person afflicted with insane delusion regarding one or more particular subjects or persons, who is not otherwise insane?* The answer of Her Majesty's Judges is that the party is punishable if he knew at the time of committing such crime that he was acting contrary to the law of the land. Your Lordships are finally pleased to inquire of us: *In what terms is the question respecting the defense of insanity to be left to the jury?* To this our answer is that the jurors should be told that every man is to be presumed to be sane, and to possess a sufficient degree of reason to be responsible for his crimes, until the contrary be proved to their satisfaction; and that to establish a defense on the ground of insanity, it must be clearly proved that, at the time of committing the act, the accused party was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, as not to know he was doing what was wrong.

ANNOUNCER: The great majority of American states still adhere to these rules laid down in McNaghten's Case. About a fourth of them have liberalized them by adding the so-called irresistible impulse rule, to the effect that, even though a mentally ill person knows right from wrong, if, through his illness, he is unable to resist impulses to crime, he may still be deemed irresponsible. But even with this addition, the McNaghten formulation is faulty in ignoring the unity of mental process and the insidious and permeative nature of mental illness.

Most psychiatrists and some lawyers have long attacked the McNaghten test. As the author pointed out more than thirty years ago

in his book, *Mental Disorder and the Criminal Law*,⁶ a view quoted by Judge Bazelon in his historic decision in the Durham case, the McNaghten rule abstracts out of the total personality make-up but one phase of mental life, the cognitive. It proceeds on such questionable assumptions of an outworn era in psychiatry as that lack of knowledge of the "nature and quality" of an act or of its wrongfulness is the sole or most important symptom of mental disorder; that knowledge is the sole or most important instigator and guide of conduct; and that the capacity to know right from wrong can be completely intact and functioning perfectly even though a defendant be otherwise demonstrably of disordered mind. Over a hundred years after McNaghten's case, Judge Bazelon, like counsel for McNaghten, quoted from the pioneering thinker, Dr. Isaac Ray, who in 1838 called the right-and-wrong rule a "fallacious" test.

Under the old *McNaghten's Case* law, which still prevails in most American jurisdictions, persons who are truly ill in mind must be stigmatized and punished as responsible criminals. They often know right from wrong, but so do most inmates of hospitals for the mentally ill. They often are influenced by the threat of punishment, but so are most inmates of our psychiatric institutions. It would be impossible to conduct mental hospitals with but a few attendants if most patients did not know right from wrong and were not deterable by some threats. But such persons are nevertheless sick and irresponsible or they would be at large in the community.

How eloquent in its simplicity and relevancy are the closing words of the Durham case opinion: "The legal and moral traditions of the Western world require that those who, of their own free will and with evil intent . . . commit acts which violate the law, shall be criminally responsible for those acts. Our traditions also require that where such acts stem from and are the product of a mental disease or defect . . . moral blame shall not attach, and hence there will not be criminal responsibility. The rule we state in this opinion is designed to meet these requirements."

The simple Durham case doctrine — that "*an accused is not criminally responsible if his unlawful act was the product of mental disease or mental defect*" — brings criminal law abreast of modern psychiatry. It enables the medical expert to enlarge the scope and interpretation of his psychiatric examination of persons accused of crime, permitting him to express his views in medical rather than legal

⁶ *Mental Disorder and the Criminal Law*. Boston, Little, Brown & Co., 1925.

or metaphysical concepts. It enables the jury to pass upon a simple and relevant issue. And it enables the administration of justice to treat the mentally ill accused as persons not stigmatized and punished by the black blot of guilt, blameworthiness and punitive imprisonment or disgraceful execution, but hospitalized as patients subject to medical treatment.

As the court pointed out, "Juries will continue to make moral judgments, still operating under the fundamental precept that 'Our collective conscience does not allow punishment where it cannot impose blame.' But in making such judgments, they will be guided by wider horizons of knowledge concerning mental life."

Thus, the Durham case deposits another living particle in the cultural coral reef that is the criminal law.

Some lawyers have objected to the Durham test on the ground, among others, that it does not sufficiently clarify the causal requirement to speak of the crime having been the "product" of the mental illness. How much of a product? Total and exclusive? Must it be shown that but for the illness the crime would not have been committed? This is very hard to prove. Modern knowledge of the deep-rooted, ramified, subtle and sinister evolutions of developing psychosis should convince one that to hold a mentally diseased person responsible despite his illness if it cannot be established to the jury's satisfaction that his act was exclusively the product of his mental illness is unjust. Perhaps a more realistic and humane test, more in harmony with the pathologic processes in psychoses as these affect feeling, judgment, contact with reality, and behavior, would be something like the following which I proposed to the Criminal Law Advisory Committee of the American Law Institute that is drafting a model penal code:

A defendant is not legally responsible for the criminal act in question if it was committed while he was substantially under the influence of mental disease or defect.

Here the emphasis is not on the disease itself but on the diseased total personality and character, and the requirement for exemption from responsibility is less than a "but for" condition.

In the numerous books and articles on the famous *McNaghten's Case* there is hardly ever even a reference to, let alone a presentation of, the actual trial report; only the questions answered by the judges in the House of Lords following indignation over McNaghten's acquittal are dealt with.

Post script: as this goes to press there has just appeared the decision of the U.S. Court of Appeals of the Ninth Circuit rejecting the Durham test (*Anderson v. U.S.*, 25 U.S. Law Week, 2150). Lemmon, J., said: "This Court has no desire to join the courts of New Hampshire and the District of Columbia in their 'magnificent isolation' of rebellion against *McNaghten*. . . . We are fortified in this choice by the thought that the Supreme Court also has steadfastly journeyed with *McNaghten*." The conflict of decisions between the two circuits involved makes it possible that the Supreme Court will put on the question definitively.

THE SIMULATION OF SANITY

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● There is very considerable literature on the subject of malingering, particularly the simulation of mental disease. Yet very little has been written about the simulation of sanity even though the pretense of mental health would seem to be a much more frequent and more important problem than is malingering.

Physicians in the military and prison services, prosecuting attorneys and judges are all very alert to the possibility of a defendant's attempting to escape criminal responsibility through the simulation of mental unsoundness. Perhaps the emphasis on the feigning of mental illness can be attributed in part to the very graphic description of such a case in the Bible:

"And David arose, and fled that day for fear of Saul and went to Achish the king of Gath. And the servants of Achish said unto him, Is not this David the king of the land? Did they not sing to one to another of him in dances, saying, Saul hath slain his thousands, and David his ten thousands? And David laid up these words in his heart, and was sore afraid of Achish the king of Gath. And he changed his behavior before them, and feigned himself mad in their hands, and scrabbled on the doors of the gate, and let his spittle fall down upon his beard. Then said Achish unto his servants, Lo, ye see the man is mad: wherefore then have ye brought him to me? Have I need of mad men, that ye have brought this fellow to play the mad man in my presence? Shall this fellow come into my house?"¹

It is interesting, too, that the earliest statute in English law to deal with the criminal responsibility of the insane is concerned mostly with the problem of malingering. In 1542, during the reign of Henry

VIII, a law was passed which complains bitterly that "For as muche as sometyne some personnes beinge accused of hyghe treasons, haue after they haue benne examined before the kinges maiesties counsaile, confessed theyr offences of hyghe treason, and yet neuer the lesse after the doyng of theyr treasons, and examinations and confessions thereof, as is afore saide, haue falled to madness or lunacye, wherby the condygne punysshement of theyr treasons, were they neuer soo notable and detestable, hath ben deferred spared and delayed, and whether theyr madnes or lunacy by them outwardly shewed, were of trouth or falsely contriued and counterfayted, it is a thinge almost impossible certainly to iudge or try." This statute then goes on to provide the solution for such a difficulty: all such cases are to be tried as if *in absentia* and the madness, real or feigned, shall not stand in the way of the execution of sentence.² Upon the accession of Edward VI, in 1547, this and many other criminal statutes which were contrary to the common law were repealed.

● Down to this day, whenever insanity is introduced as a defense, the question is always raised: Is this defendant trying to escape punishment by malingering? Admittedly, the plea of "not guilty by reason of insanity" is frequently introduced under circumstances that hardly justify its serious consideration. But this is a legal maneuver by the defense attorney and does not imply that the defendant has actually attempted to malingering mental illness. It has been my experience that the faking of insanity is a very rare occurrence, and when it does happen it is likely to be a sign of serious psychopathology. S. Weir Mitchell, writing about his Civil War experiences with malingerers, stated that malingering of mental illness was very rare and that "anyone who would feign insanity and submit to its restraints and associations to avoid work and obtain ease, must be in reality a monomaniac."³

On the other hand, it has also been my experience that the willful concealment of existing mental illness, that is, the simulation of sanity, is very frequent, even in persons accused of serious crimes where the mental illness would be an adequate defense.

During World War II, I saw an interesting case of a soldier who, just before he was scheduled to be shipped overseas, reported to sickcall with a mysterious discoloration of his eye. His entire right eye was colored bright purple, the color infiltrating even the aqueous humor. It was soon discovered that he had inserted small pieces of

indelible lead into his conjunctiva with the intent of causing a mild inflammation that would prevent his being shipped out. There were many special circumstances surrounding this case, but none of them seemed to account adequately for his actions. There was no obvious evidence of mental illness, and he consistently denied any delusions or hallucinations. Yet after three months' observation he broke down and revealed an elaborate system of paranoid delusions that had existed for a long time, and he gradually deteriorated into a chronic schizophrenia.

During the war I also had the opportunity to examine a sizable group of draftees, all of whom had attended a school of malingering. For payment of a large fee, they had been systematically coached in the faking of mental illness at their draft examinations. Their "professor," a long-time swindler and confidence man, taught them very carefully, drawing from his extensive experience as an attendant in a mental hospital. Unfortunately for the students, he kept careful records of his pupils, and when his school was raided by the F. B. I. they found a card file with all of the names of his graduates, and these were tracked down and arrested. A number of them had already successfully failed their induction examinations, but the interesting thing was the amount of genuine psychopathology which these malingerers exhibited. Several were undoubtedly schizophrenics who carefully concealed their real delusions relating to sexual matters in favor of the less embarrassing delusions which had been taught to them.

THE MARCUS KIDNAPPING CASE

● "Sometime between 3:45 and 4 o'clock on the afternoon of September 19 [1955] a blowsy, ill-kempt blonde walked into the fourth floor nursery of San Francisco's Mount Zion Hospital, snatched up two-day-old Robert Marcus from his bassinet and disappeared into a void.

"Eight days later the woman and the baby were found—the latter, happily, healthy and unharmed—but not before the greatest search in the area's history, a search at times involving some 1,500 police officers and citizens."⁴

On October 15, 1955, I had the opportunity to examine the kidnapper, Betty Jean Benedicto. Following her apprehension, she made several suicidal attempts and had been given a brief period of psychiatric observation and reported as sane and returned to the jail.

However, Dr. Michael Agron of Palo Alto re-examined her at the request of the defense attorney. Dr. Agron succeeded, after very great resistance on the part of the patient, in eliciting an elaborate delusional system, and he was able to make a tape recording of the patient's statements. Prior to my examination, I had had the benefit of listening to the recording and hence had less difficulty in obtaining the full story of the kidnapping from her.

Originally she had told a simple story: she had thought that she was going to have a baby, then found out that she was not pregnant and, in her frantic wish to have a child, she had decided to steal one from a hospital and tell everybody, including her husband, that it was her own. During her initial psychiatric examination she appeared entirely rational, although emotionally upset and depressed, and firmly denied any delusions, hallucinations or other symptoms. She maintained the kidnapping was done of her own free choice and that she had planned it that way. No thought of ransom or harming the baby had entered her mind, and she denied that there was any significance to the choice of the particular baby she had taken. She asserted no defense for her actions other than that she had wanted a baby very badly.

● When I examined her she appeared very agitated and depressed and had made numerous suicidal gestures, such as swallowing pins. The jail matrons and other inmates regarded her as mentally ill and were very protective of her. They felt that it was impossible to care for her properly in the jail, yet each time she was sent to the psychopathic ward she was quickly returned as not a mental case. She had not eaten anything for three or four days.

She described how she had wanted to have a baby and some six months prior to the kidnapping she had been delighted to discover she was pregnant. Her abdomen enlarged and she had all the signs of pregnancy. Then a month or so before she anticipated giving birth she received a message from the Virgin Mary telling her that she was going to give birth to a baby of immaculate conception. Mary promised her that the baby would be a new Messiah, but that she must keep this secret from the world until she received the proper sign. About a week before the kidnapping, it seemed to her that she no longer had a baby inside her. Then she received another message from Mary, who told her that the Messiah baby was not to be born in the ordinary way, but was to be born immaculately, i.e., without contact with her body,

and that she would be told when and where to find the baby.

For days she wandered around, mostly at the bus station, waiting for the sign to be given her. Then the thought came to her, as if by divine inspiration, to go to a hospital nursery and there she would find her baby, who would be marked with a sign that would indicate that it was hers. She went to the Mount Zion nursery and looked over the babies. When she saw one with the name "Marcus," she knew this was the supernatural sign, for her own husband's name was Mark. Awaiting an opportunity, she snatched the baby, took it to her home in a nearby city and announced to her husband that she had given birth to the child herself. Evidently she had made her story credible enough so that no suspicions were raised for over a week, despite the screaming headlines in the daily papers, dramatic appeals for the return of the child over the radio and TV and the offer of sizable rewards for information leading to the apprehension of the kidnapper.

She now still maintained that the baby was actually hers, that Mrs. Marcus was not the mother of the little boy but was only a kind of agent of Mary, a means of bringing this divine child into the world without the degradation of physical birth. Mrs. Benedicto felt certain that if the Marcuses knew the truth they would give the baby back to her, but that she was being prevented from seeing them. She assumed that this, too, was of supernatural significance and probably meant that when the baby's parents returned the baby to her this would be the proper sign that it was all right to reveal the secret of the birth of the Messiah to the world. She would be patient and await this sign.

When questioned as to why she refused to eat, she at first would give no explanation. But upon persistent interrogation, she finally revealed, in a most reluctant manner, her reasons. The psychodynamics immediately became clearer. She would not eat because all food was nasty and dirty. Food contained energy, and energy entered your body and gave one sexual thoughts. All of her life, because she had taken in food, she had been dirty, sexual, contaminated and evil. The Messiah must be immaculately born from an immaculate mother, which she could become only through not eating. When confined to jail, her hair had been cut short and she attributed this to the efforts of the authorities to degrade her. By putting her in jail and cutting her hair, they had degraded her as Christ had been degraded, and this proved her divine mission.

This delusional system was related with intense affect and facial

expressions, tears and agitation, and there has been no doubt, at least in my mind, of the authenticity of the material. She regarded the psychiatrist who first examined her as a policeman in disguise and hence had carefully concealed her true story from him. Actually, it was only possible to elicit her delusional beliefs by tricking her by implying that we were also agents of Mary and were there to help her carry out her mission.

● At the court hearing she was found to be presently insane and was committed to a state hospital for observation. She adjusted well to her hospitalization, denied all her delusions and insisted upon her original story of simply having wanted a baby. After three weeks' observation she was returned as sane. In April, 1956, she withdrew her plea of insanity and pleaded guilty and was sentenced to a year in jail.

Her background history revealed a lifelong record of delinquency and disturbed behavior. Her parents had been divorced when she was 8 years old and her father was killed in an accident a few years later. From 8 to 13 she was in a convent. She frequently ran away and was in perpetual difficulty with the school. Throughout her childhood there had been stealing, lying and compulsive fire-setting, and her mother was unable to manage her. As an adolescent she had been committed by her mother to a state hospital as "incurable." Her first husband had divorced her when she deserted him. She had a girl by that marriage, but grossly neglected the child and seemed to have no ability to have any sustained interest in her own baby. Her second husband also divorced her and she ran away to Mexico. There she made repeated suicide attempts and was hospitalized. During the Mexican hospitalization, in 1954, she developed a pseudo-pregnancy. She married her third and present husband in October, 1954. In March, 1955, he committed her to a state hospital because she was "so hysterical." She was released in a week, and she claimed to be pregnant. It is of interest that even as a child she showed a peculiar interest in babies. She would collect four or five babies of the neighborhood and bring them home, putting them together on her bed.

DISCUSSION

● The case of Jean Benedicto illustrates very well the medico-legal difficulties which arise from the concealment of mental symptoms and the pretense of sanity. Because the burden of proof of insanity

lies with the defendant, if the defendant chooses not to reveal mental illness a grave miscarriage of justice may result. It seems to me that the forensic psychiatrist has a heavy responsibility in this type of case. If there is any possibility of mental unsoundness existing, it should be his responsibility to uncover it, and he should be prepared to use all of his technical skill as well as auxiliary aids, like the Rorschach and the Thematic Apperception tests, to follow up any clues that might lead to an uncovering of major psychopathology. Too often the examining psychiatrist conducts a brief interview under unfavorable circumstances with haste and lack of privacy. He obtains little or no intimate information from the patient, yet he doesn't hesitate to report the patient as sane and mentally responsible. I realize that the law views this matter differently, but I think that anyone who commits a serious crime, particularly murder, is very apt to be suffering from serious mental abnormalities. Before giving a decision that a patient is mentally responsible, one should be absolutely certain that one has penetrated through the rationalizations and surface defenses and has been able to appraise properly the true mental state of the accused individual. I do not wish to imply that all major criminals are insane. But a major criminal action does, in my opinion, carry a heavy medical, even though not legal, presumption of mental illness, and the examiner must be exceedingly cautious in assuming that a defendant is telling the whole story of his thoughts, feelings and inner life.

All of us like to believe that our actions are the result of our own free will, and we are reluctant to admit that much of what we do is the result of unconscious compulsions rationalized by *ex post facto* intellectualizations. The paranoid schizophrenic is especially averse to admitting that his actions are due to mental disease and will insist, even in the face of the threat of the death punishment, that his criminal actions were intentional. To conceal his delusions he will confabulate logical reasons for his crime and resist all attempts of the psychiatrist to discover his psychopathology. Such schizophrenics pretend to be mentally healthy because to admit mental illness would destroy their self-esteem and break down the remnants of their contact with reality. Often, too, their delusions and hallucinations involve highly secretive material of a supernatural or sexual nature that must not be communicated to another person. So they would far rather go to prison or even to the gas chamber than to violate the dictates of their delusional systems.

On death row, at San Quentin, there is now a paranoid schizo-

phrenic who is awaiting execution for the murder of the couple who employed him. Evidently the double murder was associated with long-standing messianic delusions. Yet during his trial this man refused to reveal any information about himself or the crime, even to his own defense attorney. As a result, it was not possible to establish his insanity and he was convicted of first-degree murder.

Of even greater importance, as pointed out by Judge John Biggs Jr.,⁵ the failure to properly diagnose mental illness in a defendant accused of a minor crime will often result in his release after a short jail or prison sentence, with the imminent possibility of his committing a much more serious crime later. For practical as well as humanitarian reasons, it is very much to society's advantage that all who are dangerously mentally ill be so diagnosed and hospitalized until such time as they have recovered and all danger of aggressive acts has passed.

SUMMARY

● Since biblical times people have feared that criminals would escape punishment by the malingering of insanity. Yet in actual fact malingering insanity is very uncommon. Much more prevalent is the simulation of sanity — the concealment of delusional systems and other psychopathology even in the face of the death penalty. The psychiatrist has a heavy responsibility not to overlook hidden mental pathology, and he must do his utmost to diagnose properly those cases where the defense mechanisms and paranoid suspicions prevent the defendant from revealing his true mental state. The principles of humanitarian justice, as well as the protection of society, require that the uncovering of dangerous psychopathology not be left to the discretion of the mentally sick individual. The forensic psychiatrist should put aside the traditional, irrational fear that the defendant is going to "get away" with something and concentrate with all the resources at his command on discovering the psychopathology behind the criminal action.

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PROGRESS IN TREATMENT OF PSYCHOPATHIC DELINQUENTS

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● There can be no doubt that definite progress has been made in improving the care and treatment of the psychopathic delinquent. The most notable contribution is perhaps the substitution of rehabilitation for retributive punishment. Perhaps the greatest advance registered has been the change in public attitude toward pathological behavior.

Only for the purpose of mutual understanding, I am proposing the definition of "defective or psychopathic delinquent" as it appears in Section 7050 of the California Welfare and Institution Code, as follows:

"Defective or psychopathic delinquent means any minor who is mentally defective or psychopathic, and who is an habitual delinquent or has tendencies toward becoming an habitual delinquent, if his delinquency is such as to constitute him a menace to the health, person, or property of himself or any other person, and the minor is not a proper subject for commitment to a state correctional school, to a home (hospital) for the feeble-minded as a feeble-minded person, or to a state hospital as an insane (mentally ill) person, or as a person addicted to the intemperate use of alcoholic beverages or narcotics or stimulant drugs. As used in this chapter 'minor' means any person under 21 years of age."

Obviously the foregoing is not a definition that will satisfy all of us and I am sure there are many other definitions that would please you more, but for the sake of this discussion I ask that you accept the definition given.

The day of the reform school with its "reform by punishment"

motif is rapidly disappearing beyond the horizon. We can look forward with great anticipation to further changes in our attitudes.

In this rapidly changing world it is well not to fasten our beliefs and our hopes too quickly or too tenaciously on each new proposal. Neither should we be too slow to discard the old and outmoded.

The problem of delinquency is closely related to the field of psychiatry and its associated areas of psychology, philosophy, religion, education and anthropology. In our search for causes and cures we will also have to depend to a large extent on the physiologist, the chemist, the biochemist, the neurophysiologist, the epidemiologist and the neurophysicist.

In considering the delinquent, one must constantly be aware of the community in which he finds himself. What is considered a prank in a rural area is frequently a criminal offense in an urban area. Owing to the tremendous urbanization, which promises ultimately to do away with most rural areas, opportunities for growing up, acting as a child, considered normal and necessary by many of us when we were minors, are denied our youth today. Almost from birth our children are expected to act like adults, like gentlemen. It would be no less absurd if our adult population were suddenly forced to act, behave and react like children over a prolonged period of time.

To attribute delinquency to any one cause is begging the question. To rehabilitate a delinquent only to return him to the infectious area from which he originally contracted his condition, while it is common practice, is unacceptable as proper procedure.

Certainly we can point with some pardonable pride to the physical improvement in the facilities housing the delinquents. In this regard we do not see the old-type reform school, with its bars, locks and fences, in as many places as we did only a few years ago. Also, the type of personnel we seek is now directed to the mature, intelligently acting and understanding, rather than toward physical prowess. Brutality has been replaced by sympathetic understanding, and punishment by rehabilitation.

Let us not conclude that by these changes in attitudes and physical surroundings we have solved the problem. In fact, the principle of physical retribution is still upheld by some of our citizenry. In the past few months a former President of the United States was quoted as favoring a return to the belt and whipping days. In all fairness, it must be said that perhaps there are ages and times when a few

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well-placed applications by proper authority might assist in the process of prevention and cure.

Too often, in seeking new and better ways of doing things, we indiscriminately discard the old without careful scrutiny, and thus sacrifice the good with the evil.

Also, on the profit side of the ledger is greater acceptance by the public of the failure of punishment and confinement alone to solve the problem of delinquency.

Again the drawing together of the correctional, educational, religious, psychiatric and psychologic disciplines has been constructive. However, here a note of caution: Too frequently in our zeal to overcome a seemingly insurmountable problem we hurriedly grasp at any promising source, and having found a willing receiver we gladly turn over the problem. This tendency to cure by terminology and slogan is fraught with peril. In most human problems no one discipline will have all of the answers.

Too often, in the enthusiasm of its youth, modern psychiatry has gleefully accepted many problems as its very own with promises of quick solutions. I do not believe that there was any lack of sincerity or absence of integrity underlying the acceptance of these challenges on the part of the psychiatrist. Nevertheless, in my opinion, any unilateral attack on behavior problems by any one discipline is bound to fail. It will take the combined efforts of all disciplines to solve the problem of human misbehavior.

To solve any problem, it is of vital importance to know the causes, what produces the situation, in what types of communities, families, and/or conditions will misbehavior be more prevalent? What in our accepted way of living contributes to aberrant conduct? What physical and mental conditions present in the parents are likely to affect their issue perversely? What in the accepted conduct of adults is apt to provide soil conducive to corruption in youth?

The answers to these and many other questions will provide the light so essential to improvement. To obtain the answers requires research. Once the causes of misbehavior are found, the cure will depend on the will to supply the medicaments necessary to combat the evil successfully.

This could mean an entire revolution in our educational system. It might require a change from the present thinking that every individual should receive a formal higher education. Perhaps some of our youths are not competent to accept and assimilate formal schooling

above the grammar-school level and/or above the high-school level. These same young people could perhaps benefit immeasurably by other forms of instruction and training and thus maintain their self-respect and not need extraordinary and frequently anti-social avenues of expression.

The road to solution might require a re-examination of our economic structure. Certainly the hardships borne by the creators of our country must have made some contribution to the sound and durable structures they bequeathed to us. It could be that our material progress has been too rapid. Or perhaps our spiritual advances have lagged. In any event, it is quite probable that we have placed too high a value on materialism.

Again, we might profit by a re-examination of our system of communication. We have in the United States the most extensive news coverage and system of news dissemination found anywhere in the world. This brings with it a keen responsibility. Care should be taken that paid propaganda, advertising, personal opinions, etc., are properly and plainly identified. Is it an established fact that all of our people are capable of receiving and rationally assimilating all the news and views that are fed to them through our vast empire of publication? We must not revert to the philosophy of "survival of the fittest." We must consider also those who are not competent to evaluate intellectually and discriminately what they read and hear.

Unquestionably the several world-wide conflicts have converted many of us to a rather fatalistic outlook on life itself. We seem too eager to get all we can of life in as quick a manner as possible. This could, and probably does, stimulate us to find ways and means to short cuts, evasions of duties and circumventing propriety.

As they see, so shall they do. Adults must take stock of their own actions and make proper readjustments if we are to improve the attitudes and acts of the juvenile. In a recent state-wide conference on children and youth, one of the younger participants astutely commented on the fact that at each intermission in the proceedings many of the adults ran, not walked, to the nearest bar.

We should not too quickly accept the thesis that delinquency is found only in the marginal and submarginal areas. It is true that, due to paucity of adequate resources for constructive activity and other obvious reasons, more delinquency is uncovered in the poorer economic areas. Yet, if sought, misbehavior and contempt for law and order are also found among the higher social strata.

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There undoubtedly are some who are constitutionally ordained to evil ways, but their number is such that ordinary means can adequately contain them. The vast majority of our deviants are capable of rehabilitation, and if society properly cultivated the soil, the vast majority of them would never have deviated in the first place.

The time is ripe to stop trying to place the blame on the parents, or on the churches, or on the schools, etc. It is high time to search the soul of each of us to find wherein we have been lacking and how we can remedy the situation, and having arrived at definite and sound conclusions, to initiate positively and constructively a program of preventive and constructive rehabilitation not only of the youth, but of the adult.

Certainly those of you in the correctional field have done a splendid job of humanizing and improving the approaches to the tremendous problem. With your small and inadequate staffing and oft-times improvised facilities, you have made great strides in the field of rehabilitation. With increased staffing and facilities you could do immeasurably more. Such augmentation would be in the interest of long-range economy both financially and in human values.

The contributions made by your social workers, psychologists, psychiatrists, group leaders, educators, chaplains, etc., have been notable. With your small staffs you have accomplished much through group psychotherapy, teaching of arts and trades, training in living orderly lives with others, and correction of physical ills and defects. By recruiting staff men with formal education and training in the proper care of youth you have raised the level of service to an enviable degree.

But to rehabilitate the youth, as commendable as it is, is not enough. The community, its attitudes and adult appetites and behavior must also be such that the rehabilitated youth does not return to the same conditions and surroundings that provoked his deviation in the first instance.



Follow nature humbly wherever, into whatever abysses she may lead you, or you will learn nothing.—*Thomas H. Huxley*

ALCOHOL AND LONELINESS

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● This is not a scientific treatise. It is simply an attempt to present my impressions of the relationship between social health and alcoholic disease.

Our starting point is the definition of health that is incorporated into the charter of the World Health Organization: "Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." From the standpoint of the clinician, this definition provides an interesting challenge and orientation. Instead of having in mind specific goals of well-being for his patient, this definition enables the clinician to think in terms of a direction of effort. As long as we think in terms of specific goals of well-being, we may encourage patients to compromise with health. Ideally, we should be able to attain an ever-improving state of personal well-being as long as the mind remains intact and thereby serves to adjust the whole person to the needs or demands of the environment.

Throughout most of medical history physicians have concentrated upon the physical aspects of well-being. The basic medical sciences that enable us to evaluate the requirements for physical well-being were the first to be developed. In keeping with this trend the general public learned to recognize and accept disorders of physical well-being. Those who became the victims of accident or disease with an obvious physical component were, accordingly, in a position to receive sympathy and care for their condition. Pain became symbolic of disease.

The twentieth century has seen great clinical achievements in the field of mental well-being. The basic science, psychology, and its clinical application in psychiatry and mental hygiene are gradually becoming more understandable. However, people as a whole still fail

to understand these medical disciplines as well as they understand those that deal with disorders that are primarily physical in origin. It is easier to persuade a patient that there is room for improvement in physical health than it is to persuade him that there is room for improvement in mental health. Psychiatry is still too often considered to be a branch of medicine that is concerned only with insanity. Too many people still tend to classify humans as insane or sane, "black or white," instead of realizing that we are all in varying "shades of gray." Most people could attain a lighter shade of gray by merely acquiring an improved insight into the basic dynamics of personality development.

Just as pain may be the commonest symptoms of disturbance in physical health, tension might be considered the commonest symptom of disturbance in mental health.

If people generally, including many physicians, are still confused about the mental aspects of health, they are still more so concerning the social aspects. Social well-being has been considered by teachers, philosophers, dictators and others throughout man's history. About the only conclusion that can be reached from a study of their varied opinions is that they have failed to reach any consistent decision concerning the requirements for social well-being. However, it should be possible to examine this area of health as we examine the other areas. We improved our clinical approach to the management of disturbance in physical and mental health only when basic sciences in these areas contributed the type of information that could be used in a clinical setting. I believe that we can approach social well-being and the social requirements for health in the same way.

● Sociology and anthropology are true sciences. However, we usually fail to incorporate the basic findings of these sciences in our approach to clinical problems. In my opinion, no significant improvement in health generally can be expected until this is done. Health is well-being. Physical, mental and social are merely aspects of well-being. There is no disturbance of well-being that does not have its physical, mental and social components. The unit of study in physical well-being is the organ system within a person. The unit of study in mental well-being is the person as a whole and his environment. What is the unit of study in social well-being? Before attempting to answer this, let us consider some of the basic discoveries of the social sciences.

Sociologists appear to be in quite close agreement that man is a social being. In other words, he survived on this earth only through group effort. This appears to be borne out in studies on man from prehistoric times to the present. He is always found in groups, in tribes, in clans, in villages or other type of community. Apparently it was not nature's plan that adult man should be strong enough to handle all his problems by his own efforts. In this regard he would more resemble some of the social insects such as the ants or bees. The main difference seems to be that nature also expected him to utilize the intellect with which he had been endowed and not conduct himself at the instinctual level. If we accept this concept as sound, just as we accept the concept that normal metabolism requires the B vitamins, we are inevitably led to certain clinical conclusions concerning the nature of man.

He was not intended to be independent of other people. If we grant this, the person who attempts to maintain complete independence of other people does so at the expense of his health. Apparently man was expected to shift from the "all take, no give" dependence of infancy to the "give and take" interdependence of adulthood. Ideally, the training period of childhood and adolescence should equip a person to maneuver easily in an adult interdependent setting. He should be able to "run with the pack," rather than maintain the impossible status of the "lone wolf."

Now we can visualize our unit for the consideration of social well-being. Let us visualize a circle representing the outside limits of the particular part of the world with which a person comes in contact. Within this circle we could diagrammatically represent the people that he encounters. We could represent the presence or absence, the strength or weakness of the bonds joining him to the rest of the people in his world and indicate whether these bonds represent "one-way" or "two-way" dependent relationships.

This diagram would enable us to evaluate the degree of aloneness or loneliness experienced by him. Loneliness could be experienced only by a living organism designed to function in a group — designed to be able to depend upon others for help and protection when necessary. Loneliness indicates a disturbance in health just as clearly as does pain or tension.

I repeat that it is impossible to deal with any aspect of health separately. Loneliness, tension and pain usually go hand in hand. My contention, however, is that the fundamental principles of social

health are overlooked repeatedly in our efforts to improve the well-being of our patients. The causes of pain are too frequently corrected without any real effort to investigate and correct the causes of tension and loneliness.

Origins of Loneliness

● Now let us consider the factors or forces that alienate a person from the group and that can contribute to the feeling of aloneness or loneliness.

The first set of factors, and not necessarily the most important, are those outside of the person. For example, when someone arrives in Canada or the United States from another country, he is at first a stranger. He has been trained according to different customs and language and may go through a difficult period during which he feels very much alone. However, this period of aloneness may be of rather short duration if he has been trained to participate on a "give and take" basis with other adults.

Today, with our rapidly moving economy that results in a large proportion of the population traveling most of the time, we have another factor contributing to aloneness. Even though a man may have a home in a particular community, he does not have an opportunity to spend much time there. Actually the home community does not represent his community at all. The short contact with many people over great distances may fail to enable the establishment of adequate interdependent adult relationships.

The tempo of modern living in the United States and Canada, which is no longer controlled by man but is rather dictated and controlled by the economic monster that man has produced, is one of the most important factors contributing to the inability to establish and maintain satisfying interdependent relationships. Man has little time to do the things he might want to do. He cannot deliberately engage in the activities or practices conducive to an improvement in his personal well-being. The insatiable, ever-accelerating, emotionless machine that he has produced may dictate practically all his activities whether he is at work or not.

Even though the "machine" came into being ostensibly to improve the well-being of man, there is now very serious ground for doubting that this is any longer the case. Our needs, our values, our goals are largely dictated by the "machine." Whereas every possible

scrap of information that is an outgrowth of the technical sciences is greedily gobbled up, the equally important information that is an outgrowth of the social sciences is very frequently overlooked. This state of affairs, which attempts to deny that man is a vulnerable social being and has basic needs that have not been modified by the increased tempo and altered values of modern living, may be one of the most destructive forces in our modern civilization.

One outgrowth of this situation is loneliness. When men do meet, they do not meet to strengthen those bonds that could provide them with a sense of fulfillment and security, but they meet to satisfy the artificial needs of the monster that determines their values. The tempo is such that few have an opportunity to think. Even though the information is available to enable them to re-examine their whole life situation critically, there is no time from one day to the next for extra-occupational activities. The traditional social institutions—the family and community—are being disrupted and, more important, have not been replaced by a new type of social institution that could enable a person to meet the requirements of social health. Let me illustrate this point by an example.

● About thirty-five years ago a neighbor of ours in our farming community in southwestern Ontario became ill at harvest time. He did not lie in his bed worrying about whether his crop would be harvested. He knew that it would be done as surely as if he were able to do it himself. He could live with a feeling of security, knowing that he had subconsciously maintained those interdependent relationships that he could now depend on in times of unusual stress. He was not alone. His relationship with others in the community was not established overnight. It was the product of a stabilized community setting in which there was an opportunity really to know one's neighbors. There was time for work, there was time for discussion, there was time for thinking and there was time for worship. Looking back, I can recall little in the way of "nervous trouble." It would appear that the members of this community took their dependent status for granted. They realized that on occasion they could encounter difficulties that would require outside help. Furthermore, they lived with the feeling of complete confidence that such help was available if needed. The friends and neighbors were not people considered to be primarily a contact for more business or more money, even though they did business and made money in their dealings with one another.

It is, of course, impossible to do more than comment upon a few of the more important exogenous factors that contribute to loneliness in modern living. Although there are many other such factors contributing to loneliness, only two more will be discussed in this article.

So many have been trained to have fixed attitudes about many others in their communities. They block themselves off from the establishment of a relationship with another human being that could conceivably be a new, enriching, rewarding interdependent relationship. They cannot associate with this person because he belongs to another economic level; with this one because he belongs to another religion; with this one because he has some other coloring than their own; with this one because he is ugly, and so on, and so on. If they are blocked off from exploring the interpersonal relationships available to them by senseless attitudes that they have no time to question, they can be locked into a state of loneliness.

Others have been trained according to a rigid, obsolete code of behavior that regards any spontaneous expression of emotion or tenderness as shameful. They would like to be able to express a feeling of friendliness but cannot. Their inability to express the emotions that could cement interdependent relationships is a common cause of loneliness.

● Now let us examine a few of the endogenous factors that are equally if not more important in any particular case. When a person is born into this world he has learned nothing. He has not acquired any attitudes about himself or other people. He has not learned to fear anything, nor has he learned to resent any particular thing or person. When he accomplishes the transition from the protected environment of the uterus to the unprotected and unpredictable environment of the outside world, anything can happen. At this stage of his life he is helpless. Parents may make the mistake of treating him as if he were helpless for the next twenty-odd years and he can do nothing but react accordingly. In this smothering overprotected family environment he can do nothing but retain the "all take, no give" type of dependence that he had initially. He has no alternative but to accept that he must be inadequate in that he does not see a comparable degree of overprotection in other children around him. Accordingly, he comes to believe that he is inferior, and he is also encouraged to believe that he can survive only with the type of dependent relationships established by his parents.

It is impossible to maintain satisfactorily an "all take, no give" type of dependence in an adult setting. Parents are the only ones who will put up with this type of thing and they generally do not like to put up with it indefinitely, even though they have been responsible for establishing it. Accordingly, the overprotected child feels cut off from the group, cut off from the opportunity of experiencing the rewards of adult interpersonal relationships.

The spoiled child is trained to believe that he is the most important cog in the universe; that he is entitled to gratify his immediate needs regardless of whether this gratification should inconvenience or hurt other people. He comes to accept this role as his and reacts to himself and to other people accordingly. Again, the spoiled child is denied the opportunity of fitting easily into any group association. Like the overprotected child, he has been trained for a "lone wolf" life in adulthood.

The overdisciplined child — the child who is frequently hurt by parents — learns very early in life that you cannot turn to people for help in times of trouble. He becomes a "lone wolf" at a very early age. He soon learns to keep his troubles to himself, to go his own way and to resent those who might get in his way. As an adult, out of economic necessity, he may attempt to cover up his basic resentment to people, but it is there nevertheless. Even though he may mingle with people, it would not occur to him to turn to someone else in times of trouble. He could not possibly experience the feeling of security and the feeling toward his fellow man that I tried to illustrate with the story of the farmer back home.

The child who is a victim of a broken home is overexposed to the world before he has lived long enough to have attained those social skills and techniques that would enable him to adjust easily to others. The world becomes an unpredictable, frightening place. It does not very much matter to the child whether the home is broken through death, separation or divorce. From his standpoint, he is alone too early. Half of his particular universe disappeared for no reason that he could understand or prevent. If the child learns that he cannot trust those social institutions that he encounters as a child, he is unlikely to trust those that he encounters as an adult.

Other children are overtrained. The parents hope to see a fulfillment in the children of all their own unfulfilled desires. Little or no thought would be given to the training of a person to become a normal adult, with the opportunity at least to establish the interdependent

relationships that he needs. The list could go on indefinitely. Generally speaking, a large proportion of our population is being trained in a way that dooms them to a "lone wolf" method of adjustment. When you look at the exogenous factors contributing to this state, as well as the endogenous factors, and realize how they are all interrelated, the enormity of the problem becomes apparent.

Alcohol and Loneliness

● If a person for any combination of reasons is not able to depend upon other people in times of stress, he may learn to depend upon chemicals. He cannot take a chemical substance that will change the problems or stresses with which he is faced, but he can take a chemical that will make him insensitive to these problems or in some other way modify his reaction to them. Practically all these chemicals, whether gas, liquid or solid, could be grouped under the headings "depressants" or "stimulants."

In our clinic we use the following definition of addiction: "Addiction is the repeated dependence on harmful quantities of any chemical substance in order to change the way a person feels." If we were to go back and consider the problem of addiction in the year 1800, we would be concerned with very few substances. Ethyl alcohol and opium would be the most important. This preceded the discovery of ether, chloroform, the barbiturates, chloral hydrate, paraldehyde and other general depressants. It also preceded the discovery that morphine and codeine could be extracted from opium, and it preceded the discovery of the other potent analgesic depressants such as heroin, methadon and demerol. The stimulants caffeine and theobromine as encountered in coffee and tea have been used by many races for countless centuries. The more potent amphetamine compounds were discovered only about twenty years ago. Today, many people, from truck-drivers to executives, attempt to maintain an abnormally accelerated tempo of activity by repeatedly depending on harmful quantities of the amphetamine compounds.

Most recently of all came the discovery of the "tranquilizers." At a time in our history when the factors contributing to tension and loneliness appear to be on the increase, it is particularly disturbing to realize that our only solution to date has been to improve the availability of an ever-increasing variety of tranquilizers and depressants generally.

Today we find millions of people in North America repeatedly depending on harmful quantities of one or more of these substances. The most common practice is to depend repeatedly on harmful quantities of ethyl alcohol. In my opinion, the most important single factor in the development of this harmful dependence is aloneless or loneliness, and I feel that it is also the most important factor in the development of disease from repeated dependence on harmful quantities of depressants of any type.

The "lone wolf" is not deficient in intelligence or general potential. He has had a life experience that denies him a sense of security and satisfaction in his relationships with people. He is by nature as dependent as his more fortunate neighbor who is in the position of being able to depend upon people. However, he is forced into the effort of maintaining independence of people—a way of life that denies him the satisfactions, the security, the warmth and the rewards generally that are a by-product of this natural method of adjustment. He finds his world a relatively unpleasant place, to which he reacts with tension, and experiences loneliness. Since he is unable to modify this situation by his own efforts, he can learn to depend upon a substance that dulls his awareness of the world about him and may enable him the pseudo-satisfaction of dreaming and planning in an unrealistic way.

If he takes enough alcohol, he can obliterate the world. If he takes less of it, he simply reduces his consciousness or awareness and thereby feels more comfortable. He "feels good." The implication here is that he feels better semi-anesthetized than he does in a non-anesthetized state. Since he cannot have faith in people, he learns to have faith in the bottle. It alone becomes dependable in an undependable and unfriendly world.

This method of dealing with his problems automatically exposes his body to harmful quantities of ethyl alcohol. His body attempts to tolerate alcohol as well as it can and as long as it can. Finally, the limit to successful tolerance of alcohol is achieved and from that time onward disease from alcohol is enhanced as long as this method of dealing with problems is maintained.

His dependence upon alcohol is an alternative to a successful dependence upon other people. It is a satisfactory dependence from the individual's standpoint as long as he retains the capacity to tolerate alcohol in a normal manner. Alcohol begins to "let him down" when he achieves those changes within his body that result in an altered,

uncontrollable and undesirable reaction to the substance on which he has depended. Now he is lonelier than ever. The "lone wolf" has had his den destroyed. He has nothing on which he can depend. When he tries depending on other depressants, such as the barbiturate drugs, he simply shifts from the frying pan into the fire. This, in our opinion, is the primary type of dependence — the type of dependence seen in the person who has been trained to be a "lone wolf" since childhood. Secondary factors, such as excessive drinking patterns within the community or work situation, have had little bearing on the development of his dependence on alcohol and disease from it.

When one examines excessive drinking patterns within a community, one is led to the belief that this is also dependent drinking in another form. It is mass dependent drinking. "Doing in Rome as the Romans do" automatically involves the repeated consumption of harmful quantities of alcohol. However, those who enjoy it and get the most out of it are those who have their own reasons for welcoming repetitive semi-anesthesia. Without alcohol this group would have little cohesiveness. The values that bind the group together would likely fail to stand up to critical examination in the eyes of a social scientist. However, if exogenous factors appear to have contributed significantly to the development of a harmful dependence upon alcohol, we would consider this route to alcoholic disease to be of the secondary type.

Treatment

● How should one begin to treat such a patient? It is obvious that medical treatment alone cannot succeed. In my opinion, psychiatric treatment alone is equally doomed to failure. We believe that it is important that patients be educated according to the fundamental principles of health and well-being in all areas — physical, mental and social. We believe that it is important that they be able to see addiction as a way of adjustment or as a way of life. It is important that they understand that they have acquired changes within themselves that result in a permanent intolerance for alcohol or for other drugs that act like alcohol. Most of these patients will initially be on the defensive. They will retain the attitudes to people that have been established through the years.

It is first of all important that the staff be able to demonstrate a capacity to understand, that begins to give these patients a new sense of security with other human beings. It is also important that they realize that recovery will not entail being left alone with nothing

to turn to. The philosophy of treatment should be the shift in dependence — a shift from the progressively harmful dependence on general depressants to a new dependence on people. In other words, a shift back to the type of dependence intended for man in the first place.

This basic principle of treatment was first developed and demonstrated by Alcoholics Anonymous. They gathered together a small group of "lone wolves" and began to establish a community within a community. They began to establish the framework to encourage the interpersonal relationships that for the first time in their lives enabled them to achieve a feeling of interdependence. For the first time in their lives they could turn to another human being in times of trouble instead of turning to the bottle. They had discovered a solution for loneliness. This organization recognized man's dependent nature but arrived at this realization in a somewhat different way than the members of the farming community previously mentioned. They had experienced a detour in social well-being and arrived back on the right road later in life. They had attempted to prove that man was independent and had failed.

Furthermore, their new therapy incorporated an awareness of the need for dependence on forces that transcended humans altogether. From the beginning of time even the well-integrated group appears to have recognized the need of depending on something stronger than the group itself.

It is important to realize that the transition from one way of living to another will take time. The early stages of treatment should attempt to lay the groundwork for a new method of adjusting and living. The clinic should then be willing to play a supportive role during the first two to four years, during which the new methods have a chance to become established and workable. Within this general philosophy of treatment can be easily incorporated all the special medical or psychological techniques that can support the ultimate goal. In our opinion, a consideration of the social aspects of health supplies the theme for the whole treatment plan in the management of alcoholic disease.

Finally, it is our opinion that, in direct proportion to our ability to identify the factors and forces that contribute to human loneliness, we will find the basic causes of addiction. In those communities with the highest incidence of alcohol addiction will be found operating, unchecked, the exogenous and endogenous factors that contribute to loneliness.

LEGAL ASPECTS OF PATHOLOGICAL INTOXICATION (ALCOHOLIC INSANITY)

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● Alcoholism is in the background of innumerable medico-legal problems; many of these involve crimes of serious nature. One psychiatric syndrome that is not well defined in its relationship to legal responsibility, however, is that known as pathological alcoholic intoxication. Frequently, it is difficult to establish this diagnosis in the minds of judges and juries. It is only recently that this disorder has become a well-established and well-known psychiatric syndrome. The greatest difficulty involved in the entire problem is to convince the legally-trained mind that such a condition exists. First one must overcome the general skepticism that is a product of legal thinking. Nothing is true unless it can be proved legally. Medicine must provide objective evidence for what it knows to be true clinically.

Gradually medicine has provided the objective evidence that the law has required. Pathological alcoholic intoxication is now a legal as well as a medical entity. Perhaps the challenge thrown down by the legal profession is a good one for the medical profession. They say, "Prove it to us." We have been forced to and have done so.

Pathological alcoholic intoxication is a clinical entity with the following characteristics. (1) This relatively recently recognized syndrome is characterized by abnormal behavior response to the imbibing of a small amount of alcohol. The amount of alcohol that causes this pathological reaction would ordinarily have only minor effects on the average person. In many cases the amount involved may be as little as two ounces of whisky or a twelve-ounce bottle of beer. (2) The patient develops total amnesia for the events that follow. His behavior becomes automatic and sometimes this behavior is violent and dangerous to others. From this standpoint the illness is of considerable importance as a medico-legal problem.

While patients suffering from alcoholism are responsible for their acts, a patient with pathological intoxication is insane at the time and therefore is not responsible for his acts. However, it is extremely difficult for judges and juries to understand the difference between this and ordinary drunkenness, and therefore the situation is a serious one for the patient.

In one case in the writer's experience, the patient was known to have taken two drinks of whisky, each from a two-ounce glass. Later he picked up two soldiers while he was driving his car, took them to a secluded spot and with a tire iron beat both to unconsciousness. He then took their wallets and drove to a public place, where he sat in his car with the wallets in plain view and lapsed into a profound sleep.

Such behavior is not willful but is automatic and involuntary or subconsciously motivated. The legal definition of insanity must include the concept that unconscious motivation without conscious knowledge of it is truly legal insanity. The concept of sanity therefore becomes that of cortical action or the connections uninterruptedly of thalamus and cortex.

A number of interesting relationships exist between pathological intoxication and other psychiatric syndromes. Two facets appear from this study. The first is the relationship between pathological intoxication and the psychopathic personality. Thompson¹ has described pathological intoxication as "a syndrome in which alcohol furnishes the measures for the satisfaction of the moment. The psychopath drinks in order to remove the last vestige of inhibition if he is a partial psychopath. This function alcohol performs effectively. A degree of uninhibited autonomy of personality traits is already present. Alcohol makes this uninhibited autonomy complete so that, while the remaining degree of intellectual control is suppressed by the alcohol, perverted instinctual satisfaction can have free expression. The alcohol may loose a furor in the form of pathological emotionality. In some cases there seems to be a periodic condenser effect within the personality so that an accumulation of unused emotional energy develops and requires discharge. When the demand for discharge becomes unbearable the psychopath may resort to alcohol to remove the inhibitions, making possible explosive release of the pent-up emotional energies. In this manner a pathological rage may be released, free action may be given to some sexual perversion or acts of brutal assault may be committed. It is probable that most cases of pathological intoxication described under the alcoholic disorders are cases of psycho-

pathic personality, the abnormal reaction to alcohol being the expression of psychopathy uninhibited."

● Further evidence for the relationship between pathological intoxication and psychopathic personality is seen in some cases of psychomotor epilepsy. The evidence, particularly electroencephalographic, points to the fact that the disorders are essentially identical.² This interesting association of some cases of psychopathic personality with psychomotor epilepsy and pathologic alcoholic intoxication indicates that pathologic alcoholic intoxication and psychomotor epilepsy may be the same disease under two different names. In the one case (psychomotor epilepsy) psychomotor epileptic attacks simply occur spontaneously; in the other (pathological intoxication), psychomotor attacks occur under the stimulus of alcohol. A number of patients with sexual psychopathy behave as if they had psychomotor attacks. As a matter of fact, there have been patients who have engaged in extremely bizarre psychopathic behavior and later had no recollection of it; these cases are so similar to cases of psychomotor epilepsy that there is essentially no clinical differentiation. However, it is only some cases of sexual psychopathy that fit this pattern.

Some cases seem to demonstrate an interesting relationship between sexual psychopathy, psychopathic personality, pathological intoxication and psychomotor epilepsy. These were selected cases of psychopaths who had psychomotor epilepsy and episodes of pathological intoxication. The first case showed a psychomotor-seizure discharge occurring in a patient with clinically psychopathic behavior. The 6-per-second activity is the most frequently found psychomotor wave pattern. In the next case, clinically the patient showed psychomotor-seizure discharge of about 3-per-second activity. This correlative electroencephalographic evidence shows a relationship between psychopathic personality, pathological intoxication and psychomotor epilepsy. The three disorders are apparently variations of the same fundamental cerebral disturbance and may in fact be identical.

Kershman³ and later Marinacci⁴ reproduced psychomotor epileptic patterns in patients who were suspected of having suffered with attacks of pathological intoxication by the administration of small amounts of alcohol to these individuals and then recording their electroencephalograms. In one series of sixty patients studied, Marinacci found twelve who had paroxysmal wave patterns after they had received small amounts of alcohol orally. It was believed that in

these patients alcohol lowered the convulsive threshold from a few subclinical electrical seizure discharges to clinical convulsions. In a group of selected cases Marinacci found that all had had their first episode of altered consciousness following their first indulgence in alcoholic liquor. The following are cases in which the individuals had committed antisocial acts during these states of altered consciousness. These cases are cited by Marinacci.

A 21-year-old newsboy drank two bottles of beer within a half-hour. Shortly afterward while driving his car he struck and killed a pedestrian. He stated he had no memory of driving for a distance of 200 feet before striking the victim. All studies of the patient were normal, including a routine electroencephalogram. A test electroencephalogram was taken after a twelve-ounce bottle of beer was administered. No abnormality appeared during a recording of twenty minutes. Then a second bottle of beer was given the patient and fifty-five minutes after the first drink a short petit-mal seizure discharge appeared. The patient had no clinical manifestations. In view of this electroencephalographic evidence the patient was placed on probation and the charge of manslaughter was dismissed.

In a second case a 36-year-old chronic alcoholic drank heavily, about six gin cocktails. While driving his car he was involved in an accident and the arresting officer found him in a generalized convulsion. When he regained consciousness he admitted he had been drinking and stated that the lights from the oncoming car had made him sick (possibly photic stimulation). A routine electroencephalogram showed no diagnostic abnormality. After he had been given six ounces of gin in doses of two ounces every twenty minutes the patient was given photic stimulation. This was ninety-five minutes after the first dose of gin was given. With photic stimulation a seizure discharge appeared. This consisted of high voltage 5-7-per-second waves interspersed with spikes for the first three seconds. Then the patient had a generalized convulsion (the tracing showed slow blocking movements mixed with spikes and muscle activity).

The third case is that of a 34-year-old man who had taken only an occasional cocktail. He was injured in an automobile accident in March, 1950. There was temporary loss of consciousness followed by severe continuing headaches. In October, 1950, after one drink of whisky, he became confused. The following February, 1951, he drank five highballs and had no further memory until the afternoon, when he regained consciousness in jail and found that he was charged with

manslaughter. It had been reported that after his drinking he had become violent, had shot his gun aimlessly and one of the bullets had fatally injured a passing pedestrian.

A routine electroencephalogram and a natural sleep tracing showed no seizure discharge or other abnormality. He was given two two-ounce doses of whisky at intervals of thirty minutes. Continuous electroencephalographic recording was made and seventy-five minutes after the first drink of whisky was taken long bursts of 4-to-6-per-second waves with positive spikes were recorded from the bitemporal areas, more so on the right. The patient became confused, disoriented and began to take off his clothes. An hour later his behavior returned to normal.

● In California there is a clear definition of the legal responsibility of a person suffering from the effects of alcoholism. Less clearly defined is the responsibility of the individual who suffers with the syndrome of pathological intoxication.⁶ In the jury instruction of the case, *People vs. Freeman*, 61 CA 2-d 110, 142 P 2d 534, the judge advised, "Where a person commits an act without being conscious thereof, such act is not criminal even though, if committed by a person who was conscious, it would be a crime."

This rule of law does not apply to a case in which the mental state of the person in question is due to insanity, mental defect or voluntary intoxication resulting from the use of drugs or intoxicating liquor, but applies only to cases of sound mind, as for example somnambulists or persons suffering from the delirium of fever or of the involuntary taking of drugs or intoxicating liquor, and other cases in which there is *no functioning of the conscious mind* and the person's acts are controlled solely by the subconscious mind.

This instruction raises two important points. Subconscious motivation absolves the individual of criminal responsibility. Stated neurologically, a person who has a subconscious wish to commit a crime and who commits crime is not legally responsible. The cortex of the brain is legally responsible; the basal ganglia and midbrain are not.

The second point is the difficult one legally. If the person voluntarily takes alcohol, he is legally responsible. Then what is the legal responsibility in pathological intoxication? The person took the alcohol voluntarily (or did he as an uncontrollable compulsion?). The small amount of alcohol affected his abnormal brain so that he could not control his subconscious behavior. His subconscious mind then com-

mitted the crime.

What is the difference, then, whether the subconsciously motivated behavior was aimless assault or the product of long existing subconscious desire? Probably the law should take into account these factors as analyzed and determined by the psychiatrist. The problem becomes deeply involved indeed. Generally speaking, it is urged that all cases correctly diagnosed as pathological alcoholic intoxication are cases of "alcoholic insanity" and should be treated as cases of non-guilt because of insanity.

The studies and conclusions the writer has made and drawn from the now established relationship between pathological alcoholic intoxication and psychomotor epilepsy are of interest in this connection. In psychomotor epilepsy behavior is frequently violent and apparently aimless or at least poorly motivated. Since these syndromes are essentially identical, it can be concluded that behavior in pathological alcoholic intoxication also is aimless or poorly motivated. Upon this logical premise it can be concluded that pathological alcoholic intoxication is, indeed, alcoholic insanity.

CONCLUSIONS

1. Pathological alcoholic intoxication can be established by psychiatric examination as a well-defined diagnostic category.

2. The electroencephalogram is of great value as objective evidence in studies of these cases.

3. Pathological alcoholic intoxication constitutes alcoholic insanity and legal recognition of this fact should be established by legislative action.

4. "Alcohol electroencephalograms" can be of assistance, but should be used only under careful psychiatric supervision.

5. Great care should be exercised so that "responsible" criminals cannot hide behind an apparent but false diagnosis of pathological alcoholic intoxication.

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TWENTIETH CENTURY CHANGES IN THE GERMAN WAY OF LIFE

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● If people of my generation talk about changes in the way of life during the twentieth century, they talk of changes in their own life. We were born just at the close of the nineteenth century and today we are still active in the midst of the events of the twentieth century; we have lived to see the middle of this century and have passed it during a period of far-reaching upheavals. We have experienced two catastrophes during this time. Two world wars have overwhelmed Europe and twice the bowed-down people of our circle of life have started afresh to build up again and to replace what was lost. Looking back now is tantamount to giving an account of what our generation has achieved. Even if we can be acquitted of responsibility for the First World War, this is not possible as far as the Second World War is concerned. We are fully responsible for everything that has happened since 1918; the burden of this responsibility may weigh more or less heavily during the different epochs of our life, but we cannot escape it.

When the nineteenth century drew to its close, the life of society seemed to have reached a peak. Belief in progress and in economic expansion was coupled with admiration for the achievements of technology; though, looking back now, we realize that this was then only in the initial stages of its development. The expansion of early capitalism had grown out of the concept of individual achievement and personal possessions. The individual of the middle classes, however, found it quite easy to combine this with a concept of the world based on an aesthetic idealism. Education was still influenced by the concepts of the time of Goethe. Goethe did not know of any social problems

and, in spite of the liberation of the middle classes, which took place in Germany as a result of the French Revolution, there was at first still full recognition of class distinctions among our people. Education and possessions created insurmountable barriers.

It was only around 1848 that the first signs of a socialist left wing began to appear; but the problem of the working classes only arose with industrial expansion, which moved toward its climax after 1850. It is completely understandable that in those times Marx and Engels looked upon the glaring contrast between people of property and the underprivileged masses as a form of society structure essential to the capitalist period, and that they developed their materialistic concept of history on this basis. Marx, however, forgot that nothing on this earth remains constant and that the contrast between capital and proletariat, which to him appeared quite unshakable, would soon be subject to rapid changes of form. There are no rigid contrasts in life, and thesis and antithesis do not exclude each other, but come together as a synthesis. Two forces warring with each other always produce a "resultant."

Society at the turn of the century was not yet much influenced by thoughts of social criticism. It felt that it owned all the good things of this earth, and in the Bocklin Park, which Gabriel Seidl at that time laid out around his villa at Murnau, we find a bench with the presumptuous words inscribed on it: "Elysium is on this earth." Today we consider that a blasphemy. It was only slowly that people began to understand that the political unrest started by the socialists could not be dealt with by political means alone. Bismarck at first tried to do it with the help of socialist legislation, which finally failed. And it was only after that that he decided to build up his whole social policy on the new institution of social insurance, which for a long time constituted an exemplary attempt to solve the problems of the capitalist period.

● Literature during that epoch concentrated on the love story, which was the logical continuation of the educational novels of Goethe's time, i.e., a story that regarded the individualistic conception of the relations between two people as the peak of development in human existence. When Hauptmann in his early days invaded this territory with social problems it was considered a scandal. Not only did he deal with social conditions in "Die Weber," with the sexual problem in "Die Ratten," with alcoholism in "Kollege Crampton,"

but in "Rose Bernd" and "Fuhrmann Henschel" he unveiled all the physical and spiritual misery of a hard-working and socially underprivileged class. It would also be a complete misunderstanding to regard the drawings that Zille made of men, women and children in the backyards of Berlin tenements as the expression of a playful sense of humor. People were only too ready to consider funny what was in reality a deeply moving representation of existing conditions. But one did not like to think of these things looming in the background, and the melancholy art of Kathe Kollwitz found understanding only among a wider circle when the sufferings of the First World War had moved people's hearts.

At that time a large group of middle-class young people developed a critical attitude toward the form of life led in the homes of their parents. The call "Back to Nature," which a hundred years before had been the harbinger of the French Revolution, was heard again, but, just as before, at first without any political note in it. The youth movement of the Wandervogel was content with ethical criticism only; it sufficed for them to reject the customs of society; these youngsters did not drink, did not smoke and went hiking. The social problem, however, did not affect them. Popert in his novel for young people called "Helmut Harringa" was more critical. This novel describes the life of a young man who, under the influence of alcohol, contracts syphilis and goes under. "Helmut Harringa" is quite forgotten today. Whoever would think, in these days of penicillin, of killing himself because of a lues infection?

This fact alone illuminates the enormous change in conditions. The concept that this youth movement had of an ideal life was completely individualistic. They wanted to mould life "freely and on their own responsibility." They were prepared to take their place in a given structure, but only few of them understood how closely this liberty was bound up with the social conditions in which they lived, and that such liberty would become very precarious if the security of middle-class existence should be threatened or abolished. The First World War was an eye-opener for many, and after 1918 the will to build up a new form of life united the vanguard of middle-class and working-class youth.

● About the turn of the century, some physicians discovered the close connection between diseases and social conditions. The pioneers of public health work, Gottstein, Schlossmann, Tugendreich, Teleky,

Brauning, Langstein, Blumel etc. were none of them politicians. Doubtless, the impulse that moved this small group of welfare doctors and hygiene experts was a kind of social criticism, but the majority of them were not clearly aware of the parallel between the development of the sociological structure of our economy and our political life, on the one hand, and of health problems, on the other. Grotjahn was the only one among them to become a Social Democrat, and he remained a stranger among them and could never enter into discussion of political tactics.

Even though Virchow had said as early as 1848: "Doctors are the natural advocates of poverty, and the major part of all social questions comes within their jurisdiction," and in spite of Neumann's stating at the same time, "We no longer need any proof of the fact that most of the illnesses which either prevent a full enjoyment of life, or even kill off a considerable number of people before their normal time, are not due to natural but to social conditions" — in spite of all this, it was Grotjahn only who developed the concept of social hygiene and established this as a science. In his "Social Pathology" he says: "As far as hygiene is a natural science, it may disregard the forms of society and the surroundings in which a human being lives. But neither in theory nor in practice can it be content, in the long run, to do this. Civilization stands between human beings and nature, and this civilization is bound up with the forms of society in which alone an individual can really be a human being. Therefore, hygiene must take into careful consideration the effects on health caused by these social conditions and by the surroundings in which people are born, grow up, work, enjoy themselves, propagate and die. It thus becomes the science of social hygiene, which is the necessary supplement to that part of hygiene which is based on physics and biology."

This was the situation with regard to public health at the beginning of the twentieth century. The birth rate was high. An annual quota of more than thirty births per 1,000 inhabitants was taken for granted as a biological fact. Birth control was practiced only by the small group of educated and well-to-do people. Among the masses, women had just as many children as God granted them. This situation was slightly modified by the high rate of infant mortality which, at the beginning of the twentieth century, still amounted to 30% of the births. In spite of this, the result was a considerable excess of births, a development that was fully expected by the militarists and industrialists, for the policies of these groups concerning population figures

were always based on the desirability of an excess supply of soldiers, on the one hand, and of a reserve army of unemployed, on the other. Social differences played an enormous part in infant mortality. In the well-to-do families, this amounted only to about 8%, but among the workers and peasants the figures increased to 35-40%, and the surviving babies suffered serious and permanent damage from rickets, the effects of which they had to bear all their lives.

This state of affairs remained more or less the same up to the end of the First World War. It is certain, of course, that the rapid decrease in infant mortality, which had gone down to 5% by the time of the beginning of the Second World War, was due to very great degree to progress in pediatrics, more knowledge about the proper feeding of infants and the building-up of a systematic infant welfare scheme based on the principles laid down by Tugendreich, which have never been surpassed since. But on the other hand, this progress could not have been achieved without the mental awakening of the working classes and without the working-class mothers, being anxious to learn. Actually, the difference between the number of infant deaths among the well-to-do and among the poor became smaller and smaller, in the same way as the difference in the economic situation decreased steadily.

Conditions were similar with regard to mortality from tuberculosis. Not only has this decreased enormously since the turn of the century, but the differences caused by social conditions have also been eliminated. In 1900, deaths from tuberculosis amounted to 25 per 10,000 inhabitants. At the beginning of the First World War this had decreased to 17, risen again to 23 and then decreased rapidly and steadily until it was down to 7 at the beginning of the Second World War. A new rise was overcome even more rapidly than after the First World War, and nowadays, as we know, fewer than 2 persons per 10,000 inhabitants die annually of tuberculosis. In this case, too, it must be said that it was not the progress of therapy that played the decisive part in the development, but that this success was achieved by a change in the way of life, combined with the measures taken by the public health organizations, i.e., early diagnosis and treatment in the early stages of the disease.

● Let us compare the death statistics of the end of the nineteenth century, in general, with present conditions. If one should draw a graph of the number of deaths at various ages at that date in a town, say, like Bonn, there is no scale that would have room for the tall

column of deaths during the first year of life. Mortality among small children is also still high, the number of deaths during school age relatively low, but after the thirtieth year of life the high death rate starts again and continues at a more or less even rate up to the age of 60. Today such a graph looks quite different. It is true that during the first year of life the relatively high rate of infant mortality still makes the line rise sharply, but mortality among small children has almost disappeared and, during school age, deaths are almost exclusively due to accidents and so-called rare illnesses, such as kidney trouble, appendicitis etc. This low mortality rate hardly increases during the third and fourth decade and it is only after the age of 50 that the graph rises again. The vast majority of people now die only when they have passed their sixtieth year. Of course, there can be no doubt that such death statistics will result in a different structure of the population. The complaints that as a nation we are getting older and older, and that we have to care for so many old people, cannot be upheld when viewed critically. We must not forget that during the times when there were few old people there were also fewer people at the productive age of life who could produce assets for themselves and others. The burden carried by the bread-winners at that time was probably hardly lighter than it is now.

To complete this picture of health conditions, we must also look at living conditions. About 1900, we still had two distinct groups in Germany whose way of life differed widely: town people and country people. Two-thirds of the German population at that time still lived in the country and did work connected in some way or other with agriculture, that is to say, they labored physically in the fresh air. The muscles of the body were fully exploited, and a person was paid for his work in accordance with the capacity of his muscles. The farmer knew that he had to feed his laborer properly if he wanted him to work, but that was all. Only he himself and his family had more or less decent living quarters at the farmhouse. The farm servant slept in the stables, the maid in the hay loft and the field laborers, in the east, lived in conditions that we would not consider fit for domestic animals nowadays. The growing children, once they had passed their tenth year, were healthy and strong human beings, it is true; but before that there had been a dreadful sifting due to infant mortality, and many had been severely injured by rickets. May I remind you that when in 1927, on the occasion of the passing of the Prussian Law for Cripples, we took an inventory of relevant cases, we found an enor-

mous number of people suffering from neglected damage caused by rickets, which could be put right only by operation, such as clubfoot, dislocated hip and split palate. The death of children was not regarded as a disaster in the country and occurred all too frequently. Tuberculosis and consumption were rife in the poor-houses and in the huts of the field laborers. There was no proper medical treatment at all.

● The road leading from restricted insurance for just a few working trades to the present provision of full-scale medical care was long and arduous. It is true that the farmer and his laborer did the same sort of work on the farm, but still the fact of having property or not was decisive for their future lives. The laborer had no other choice than to remain a laborer as long as he lived; he could rarely afford to marry; he sired illegitimate children on the maids and when his strength was used up he ended his life on meager charity. For him, the only road to liberty was to remain with the army and to become a sergeant; for the girls, the only possibility was to move to town and go into domestic service. In that way, they at least had a chance of marrying a craftsman or a worker. In spite of that, there were complaints about the so-called flight from the country. It is interesting to note that nowadays the number of people employed in agriculture is about the same as it was at the turn of the century. It has thus been proved that the increased production yielded by agriculture today is mainly due to technical means and to the more scientific exploitation of the soil. It was thus a quite natural process of regulation as a result of which not more workers remained in rural areas; on the contrary, what would have happened if all those had remained on the land who escaped the restrictions of farm life and sought their way into the towns, into liberty?

In the towns, at that time, a new class grew up between the old bourgeoisie of the craftsmen, merchants and professional people, on the one hand, and the working classes, on the other; these were the entrepreneurs, who contributed to industrial expansion not only by their intelligence and boldness but also by their ruthless financial and business policies. The worker who came to town from the country exchanged his miserable living quarters on the farm for equally miserable lodgings in the tenement blocks, those barracks in which they lived in one or two rooms opening off a long passage, and everybody shared the water supply and the lavatories. In addition, there was a general

insecurity of life, no protection against being sacked, the fear of being thrown on the streets at the slightest sign of a slump, the whole fatalistic way of thinking and living, and the large number of children resulting from ignorance of the laws of procreation. The crowded lodgings produced tuberculosis and a high mortality rate among middle-aged people.

In those times, about one-quarter of the wages was spent on the miserable living quarters, more than half on food, and less than one-quarter remained for all other requirements. But we should not forget that it was in those times that some entrepreneurs, with a slowly dawning insight and from a sense of Christian duty, laid the foundations for the modern way of life of the workers. They built workers' settlements, established kindergartens, homes for the aged etc. But, in principle, things did not change very rapidly. Any illness still remained a disastrous blow of fate, which destroyed the livelihood of the family. It was only very gradually that class distinctions as affecting the state of health were abolished.

● During these last fifty years, which my generation now looks back upon, fundamental changes in the way of life of people in Germany have taken place. These changes not only refer to the creature comforts of the individual, which are so striking in everyday life, but they also encompass the relations between the different social groups. Let us say candidly that class distinctions have, for the greater part, been leveled. In that respect, the development has been completely different from what Marx expected in his time. The decision taken by the German Social Democrats to change their revolutionary party into a reforming party has borne fruit. This decision has proved more important than many believe. It has taken a long time, too long perhaps, for the bourgeoisie to realize the far-reaching effects of this decision. But, as a matter of fact, it has borne fruit.

No statesman, probably, has ever encountered so much injustice as Friedrich Ebert, who after the end of the war in 1918 represented this renunciation of revolution in favor of reform. But the development of the German State since 1918 has been a proof that the bourgeoisie did not appreciate the significance of this renunciation. But the Fabian-group around Friedrich Naumann, were willing to build up a new state and a new society and they contributed to what we realize now was a very lively intellectual development during the Weimar epoch. But they had no deeper insight into economic interlacings and thus the

genuine capitalistic crisis in America of 1929 could extend to Germany and, with its resulting large-scale unemployment, lay the foundations for the demagoguery of National Socialism. All values seem to be undermined. The exaggerated individualism, which corroded life and recognized no ties whatsoever, had made people ready to follow a collective call without criticism. The Weimar State disintegrated into a great number of parties and fell a victim to the one party that knew how to pursue its ends consistently and, at any rate, understood the psychology of the masses and the psychology inherent in economics. However, the utter spiritual hollowness, as well as the lack of any ethical or moral standards, which were at the back of it all, resulted in aggression and the seed of violence growing to such a degree that they took on gigantic and criminal proportions.

But in spite of this hellish interlude, the mental attitude displayed by the German workers led to present-day conditions, in which the great material comforts of life, brought about by the technical improvements in industry, have gradually benefited the workers as well. Let us cast a glance right and left across the frontiers. The rigid attitudes taken up by feudalism in Russia, and its industrial backwardness, were in equal measure responsible for the fact that there could be no question of reform in that country and that the revolution of Communism was the only possible historical consequence. Communism, now, must catch up with the entire industrial development. In America, on the other hand, no ancient enmity between the classes had to be overcome, and it is interesting to see how in that country the change in the life of the workers was due to the insight of the industrialists, who realized that a rise in the living standards of the workers would create a larger market for their goods. May I remind you, in this connection, of Henry Ford's theories, which broke new ground at the time.

● It is amazing how the secular tendencies in the development of public health work were hardly interrupted to any decisive degree by the Second World War, as little as the increasing participation of the workers in the products of the economy. It is true that we felt during the war that all achievements of our civilization collapsed the moment there was a catastrophe. The road leading from health and affluence to hunger and sickness is short. During the years 1945 to 1946, our infant mortality rate in Berlin amounted to 75% of all births, and deaths from tuberculosis amounted to 23 per 10,000 inhabi-

tants. Typhus and typhoid raged. The death rate in general rose from 13.2 to 43.2 per 1,000 inhabitants. Some years before, exactly the same had happened in Warsaw. The terrible historical guilt was paid for by the innocent. But then a thing happened that was completely new and unique in politics; the victor assisted the vanquished and helped them to rebuild their heavily damaged economy and thus the health of their people.

The return demanded, namely that the vanquished should take their place in the political and economic structure of the victors, seemed to be an adequate price. This reconstruction of industry in the West was at first based on the principles of private enterprise. Its achievements were unique and the united efforts of workers and entrepreneurs resulted in an amazing success. But the belief in solidarity, in the necessity of assisting the victims of politics, was still sufficiently deep-rooted for the care of fugitive, of the disabled and of the families of those killed in action, to be considered as the duty of the State. We know that the care for the pensioners did not keep pace with the development and that the miracle of new prosperity passed by a not inconsiderable part of our people. The decision to tackle this problem in principle, to make a transition not only from the alms box of the middle ages to State relief for the indigents in 1927, but to base insurance for old-age pensions on a new distribution of the national income within a different structure of society, this decision will one day be connected with the name of Adenauer in the same way as social insurance was connected with the name of Bismarck.

Thus, the life of the individual within this world, the structure of which has been fundamentally changed, takes a different course from that of people living around the turn of the century. The fact that a human being comes into this world is no longer left to chance or due to a divine order, but is a result of the free will of his parents. The belief in birth control has become universal; there are only differences of opinion about the form it should take. But physicians are deeply troubled to see that abortions effected by means of illegal operations still play a very considerable part in this field. I believe that the cases of spontaneous abortions have also increased, this being due in no inconsiderable degree to the changes in our life, the mechanization of our work and the dangers caused to pregnant women by modern means of transport. Even the Catholic Church is no longer completely opposed to the thought of birth control; but Pope Pius XII, while admitting the idea in principle, has stressed in this connec-

tion the serious duty of parents toward their children.

One might fear that this conscious birth control might lead to a restriction of births that would reduce our population. Do we really still need children? The realization that it is always the working generation on which not only the economy but any healthy social life must rest, and that this working generation can hardly take on the burden of looking after the old people if their number is too far reduced, fully proves that it is necessary to maintain our population. The birth rate being less than 15 per 1,000 inhabitants, there is a danger that it may not be maintained. Nor must the fact be disregarded that, if our population were reduced, people from the East and the South, i.e. from the territories where there is still an excess of births, would doubtlessly invade Germany. Even the German refugees from the East have brought it home to us that with people there the birth rate is higher than in the West, and they have continued a process that, since the time of Goethe, has gradually but persistently changed the structure of the population, which had formerly taken its character mainly from the Southern and Southwestern German races. People from the East have settled in the North of Germany and, as a result of expanding industrialization, have pushed on far toward the West. This has led to a gradual change in the character and the way of life of the population. One might perhaps say that the artistic element has been pushed almost too much into the background in favor of efficiency.

● What does this family, into which a child is born nowadays, look like? After the First World War, the institution of the family seemed greatly endangered. The rebellion of young people against their parents assumed forms that led to the destruction of the youngsters themselves. A play which provoked a great deal of controversy at the time was called "Sickness of Youth." This youth had done away with the old laws concerning sexual relations, the right to physical love was claimed by both sexes, ideas such as marriage based on comradeship or marriage on trial were seriously discussed; there were even attempts to establish communities of groups based on completely free sexual relations. But we must not forget that, at the same time as the moral concepts of the bourgeoisie were being disregarded, the importance of prostitution for the sexual life of young people likewise diminished. No longer were there the different grades: virtuous young girl, mistress, prostitute; no, the borderlines in each case became

blurred, and physical love between young people is now no longer anything out of the ordinary.

The fact that divorces have increased considerably, and especially that young marriages are frequently dissolved, is partly due to war conditions; marriages where the partners met only when the husband was on leave can, after ten years' separation, frequently not be preserved, even in cases where there is no question of guilt on either side. But, in contrast with these tendencies toward dissolution, it must be pointed out that the family, as an institution, has proved its value to the utmost under the heavy and destructive blows of fate during the war. Not only the investigations carried on by Schelsky, but our own examinations among a large group of German post-war children, have shown that especially those mothers who lost their husbands during the war have worked for their children in an almost super-human way. It can be proved statistically that children who grew up with only one parent have done quite as well in their lives as children of normal marriages raised under favorable conditions. On the other hand, it appears just as clearly that a disturbed marriage may deeply influence and undermine the life of a child. Quarrels among the parents nearly always spell deterioration of the child's performance in both the intellectual and the ethical fields. Children of divorced marriages are likewise greatly endangered. If one looks at things from this point of view, the child whose father was killed is better off than the one whose parents were divorced.

One thing, however, must be stressed: the structure of a marriage between modern people is completely different from that of a marriage between the offspring of a laborer's family or a craftsman's family about the beginning of the twentieth century. In such a family, communal life and communal work still went together; the children grew up and contributed at an early age to the family's livelihood by their work. The wife, too, played her full role in the process of production and, in spite of a workload that appears enormous from our modern point of view, the close spiritual contact within the family was maintained throughout the whole day and reached its climax during their weekends spent together. Today, each of the family members goes his own way, and spiritual contact within the family must indeed be very strong to compensate the effects of this danger.

Hans Freyer has pointed out that it is not sufficient to characterize the human being of our time as just a member of the masses. If one thinks of such a member of the masses, one visualizes a collec-

tive crowd swayed by some emotion, and it makes no difference in this connection whether they are storming a barricade or violently cheering one or the other team at a football game. During such moments, the individual is completely caught up in the mass and his movements conform to those of the mass. But in our quiet daily lives we all belong to various collectives and we always sacrifice to these collectives only a part of our personality. We belong to a trade union, we work in a factory, we are members of a vocal society or of a football club. In every case, we play a certain role within such a collective, and our rank varies in each of them. We definitely reject the claim that any such collective should govern our whole life.

It is true that the church of our denomination demands, even today, that we should subordinate our entire life to its maxims. But the Church cannot prevent the fact that wide fields of present day life are, in practice, no longer subject to any sort of religious dogma. Political parties in Germany have always been accused of wanting to tie their members down to a certain mental attitude and wishing to possess them completely; but they, too, must get used to the fact today that a person's political point of view is completely disassociated from his other spheres of life. The danger of all this, however, lies in the fact that the individual no longer becomes an all-around person. The worker of former times was always occupied with work, hunger, fatigue and sleep. There was little time left for any free mental activity. Today, we worry about what is going to happen when the forty-hour week is put into practice, a thing that is inevitable as a consequence of the present technological development if we do not once again intend to use up our excess production for the manufacture of military playthings; today we worry about what the worker, completely devoid of any inner resources, will do with his hours of leisure.

I am not so pessimistic in that respect as many advocates of the old order. People who did not know what to do with their leisure existed in olden times as well, when leisure was a thing reserved for the bourgeoisie. But still, the whole civilization of this bourgeoisie was based on the freedom from material want and the possibility of living within the spiritual atmosphere of this our culture. I cannot see why our workers, if this institution of leisure were to continue for any protracted period, should not be able to develop the faculty for making sensible use of this leisure. Maybe the family, too, will again take up to a greater extent the ways of so-called family life. Children will no longer stay at home alone on Sundays while the

parents rush off on their motorcycle or in their newest car, and parents will discover that a youngster between 10 and 20 can be a very serious partner, who not only expects education from us but can, in his turn, educate us as well. Probably the only way in which so-called mature people are nowadays willing to accept any education at all is at the hands of the younger generation.

● We mentioned the fact that life makes its demands on modern man in many varied sectors. This becomes most obvious when one thinks of the development of women's activities within the family. In olden times, too, women frequently helped with the work and often did heavy labor. But as we said before, in the case of rural families this meant that communal work and family relations went together in the daily course of life. Nowadays, the mother leaves the home just like the father to go to work. And it is a Utopian thought to believe that these activities on the part of women, i.e., their work in industry, will ever again disappear. During the time of full employment, she has taken over a function that was formerly exercised by the armies of unemployed, that is to say, she represents the labor reserve that can be called upon if the manpower situation demands this. Many firms have actually worked out a system whereby they keep in touch with their former female workers to be able to call upon them if necessary. But there is one task that quite evidently must be solved in this connection; a full working week cannot be combined with the duties arising from the care of a family. I cannot see why it should not be possible with a little goodwill to arrange part-time work for the married woman. If, instead of one eight-hour shift, two women working five hours each would perform the same amount of work, that might be a procedure by which the family could be properly cared for as well.

The people of Europe have achieved a degree of security in their lives that has never before been vouchsafed to human beings. The battle against sickness is being so successfully waged by modern medical science that the great majority of people do not die before reaching the natural end of their lives. Economic security, too, is greater than ever in modern countries. Do not let us forget that this structure of security was established at great pains and can be made to collapse rapidly by any sort of catastrophe. We learned that during the recent wars. But there is also a new threat of untold misery that arises from the control of the powers of nature. I am thinking not only

of the catastrophic effects of an atom bomb war but of the unnoticeable harm that radioactive infection may cause to the nature of human beings; and I am also thinking of the burden that the technical development of our modern life imposes on us. The day-by-day traffic of people closely crowded together exhausts us by its constant nervous irritation. Man can no longer dig his land in peace and speak to his God while doing it; instead of that, the concentration with which we have to watch recording instruments, the conveyor belt, or do our office work to the accompaniment of ringing telephones and clattering typewriters, gets on our nerves.

In big things and in small, in our daily work as well as in politics, our future fate will depend on our being able to learn to get on with each other in our personal relations. The prerequisite for this is our insight into the nature of the human personality, the ties that bind it to the animal functions, and to the driving forces aiming to preserve our lives; this and the belief that every human being, by lifting these primitive processes of life onto the plane of consciousness, may acquire the faculty to mould this his life. In our form of society, we have more or less acquired control of our sexual impulses. But as far as the equally dangerous impulse toward aggressive self-preservation is concerned, this is not yet the case to an equal extent.

Whether it is a question of the happy institution of family life or of the working atmosphere within a factory, or lastly of the political discussions between nations, the scientific insight into the importance of emotional relations between people should lead us to a stage where we will act in accordance with this insight. A change of tone in political negotiations may perhaps at first amaze your partner and appear dishonest to him, but if this manner of behaving and trying to make contact should be continued with even a certain measure of consistency, and if it should be accompanied by the appropriate acts, it will finally bear fruit. If in our personal life we wish to remove the barriers between people, which arise from misunderstandings and from the queer combination of fear and aggression, there is only one possibility of overcoming the resistance and the distrust of our partner, and that is by being consistently friendly and obliging.

Two thousand years ago, Christ taught us that it does no good to repay evil by evil. Human happiness is dependent only to a small degree on the material conditions of life. It is peoples' life together within the family, within the structure of society, that inspires and enriches them, and only by collaborating with other human beings

can we fully develop our lives and our ideas. Nor have the nations of this earth ever gained any happiness from quarrels and fights. Wherever a new civilization arose from violent upheavals this has, up to now, always been paid for by a great deal of suffering and misery. Today we have arrived at the borderline. I do not believe that a new war would result in any new progress. It would end with the destruction of civilization and of life on this earth.

To spread the understanding of these fundamental elements of our modern life and to strengthen our will mentally and spiritually to surmount the dangers, that is the final task that the World Federation for Mental Health has set itself.

(This paper was read at the ninth annual meeting of the World Federation of Mental Health in Berlin on August 12, 1956.)

● In Western Europe preoccupation with the mechanisms and meaning of avoidances was unknown before the Victorian period and, as in the case of many other Victorian problems, psychoanalysis provides an epitaph which cannot be appreciated without some understanding of that era . . . Victorian society itself was one of the most taboo-minded and taboo-ridden societies on record. It must not be forgotten that scholars like Frazer grew up among people who preferred, in certain circumstances, to say "unmentionables" rather than "trousers."—*Franz Steiner*

Guilt-Expiation as a Dynamic Ordeal

● The wish to suffer can be detected in almost all of us. It is most variously disguised — as ill-health, untidiness, aggression, alcoholism, asceticism, adventurousness, unselfishness and artistic integrity. It turns some men into criminals, helps others to become saints. Mountaineers and monks can reasonably claim that their sufferings are a means, not an end; but will anyone attempt Everest or become a Carthusian, unless he derives some satisfaction from mere endurance?

—*Raymond Mortimer*

SOME ASPECTS OF BEHAVIOR DISORDERS

IN YOUNG CHILDREN

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● It is a fact that in highly civilized countries the frequency of maladjustment and antisocial behavior among children up to the age of 18 has increased in the last fifty years. The measures that have been taken up to now have brought no noticeable improvement although many psychiatrists, psychologists and pediatricians have studied the causes and sought to remedy them.

These researches have stressed the question of psychological surroundings and brought it very much to the fore. It is generally accepted that the psychological aspects of surroundings in the first years of life are of decisive importance in the behavior of a person toward the outside world in later years. Affectionate surroundings, which give the child a feeling of security and allow him to identify himself with people whom he loves, are said to be the best foundation for developing a character most suited to meet the requirements of life in the modern society of the free world of today.

But life in modern society is changing and will change further in the coming decades. In a century of sciences, industrial and professional work is showing increasingly abstract traits, and the principles of acting outside the home are different from those in the intimate circle of the family. There is often little opportunity for cultivating feelings and intimate relationships, which a small child needs for developing harmoniously. Besides this, individualization and the urge to give free play to personal drives have led to frequent tension between young couples, so that discordant conditions and even divorces are more widespread than a hundred years ago, when the hierarchic laws of family life were usual.

So our children have lost a good deal of security. The warm, loving atmosphere of home is lacking for many youngsters. They are obliged to fend for themselves at an age when they are not ready to do so. Maladjustment and even criminality are the consequences that we have seen increasing during the last fifty years.

It is well known that in Germany, as in other countries, many families did not continue the old manner of living after the First World War. Family life received little attention, each member did as he wished and many families were ruined. After the Second World War, on the contrary, Schelski observed a revival of German family life. In the breakdown of 1945 many people lost all they had, old friendships did not count any more; only the family persisted and gave them a feeling of security. Family ties helped them to overcome the loss of loved persons, of home and money, of position and reputation. So interest was diverted to the well-being and success of their own families. Social relations outside the home were neglected and participation in public life decreased.

Disappointment with the experience of the last twenty years, brought to the fore the wish to regain the former standard of living and great attention was given to the education of children to prepare them for successful lives. So we often see a one-sided school training and are reminded that in 1945 knowledge was the only thing of value that could not be taken away. Therefore many housewives are working outside the home today, especially in the first years when their babies are small, to help earn money for their education. Though the return to a more intimate family life has not brought a real warm atmosphere for the children in all cases, because the overburden of work, especially of the women, does not give sufficient opportunity to cultivate family life.

It must be recognized that in many families women are obliged to earn money because the father died in the war or elder relatives are not able to support themselves. On the other hand, industry in highly civilized countries cannot get along without the work of married women. We cannot restrict this work and go back to the old manner of living. We must try to find other ways of giving back security to our children.

From Schelski's experience one may see that economic security is one of the most important foundations for a happy family life. For this reason we find in latter years in Germany more families who live happily together because they no longer have to worry about their

daily bread. On the other hand, there are families that after the privations of the war and post-war times, now endeavor to enjoy life in every possible way; with the plentitude of opportunities for distraction and pleasure today, there remains little time for parents to occupy themselves with their children or even to develop their own characters to a higher standard. This experience of the present-day civilized countries causes us to face the vital question of how to prepare the youth of today to become better parents in the future, because it would be a difficult problem to reform the parents of today and we must concentrate our efforts on the next generation. These young people must be instructed in these things not only in the upper school classes but also by all means of communication such as films, radio, newspapers, literature and pamphlets. Once this stream was set in motion, new ideas would develop by themselves, gained by the experience already obtained.

It would be necessary to make it clear to youth that their own behavior would have a great influence on the development of their children and they should endeavor to set a good example at all times, that being married and having a family is something that brings great responsibilities in its train and these must be taken seriously for the good of the community.

Further, they must have some knowledge of the opposite sex and its entirely different individuality, so that they are able to cope with and respect each personality. Here it should also be mentioned that self-control in sexuality is not harmful to health and gives them the opportunity by sublimation to reach a higher ideal in life.

● But not only ideological points of view can help young people to become better parents. We are living in a century of science, which has brought a deeper knowledge of the psychological qualities of man and their development. They should know how the child develops its own personality and what are its needs. But I feel that psychologists, pediatricians and all other people concerned with parent-education should think over their methods of teaching. A differentiated knowledge of child development may be an impediment to parents' spontaneous love for their children. By much knowledge about the results of psychological research many parents become insecure in coping with their children in a natural way. Knowing all about frustrations and the possible consequences of psychic trauma, they worry about the right method of child-rearing and are not able to give the

spontaneous, warm love to a young child that it needs as a help to become skilled and able to be the master of its life.

The integration of knowledge into the whole personality has to be the aim of parent-education. In a long-term work on this topic I continually reduced the information about medical and psychological facts and brought to the fore the aim of giving parents security and the urge to become a good example for their children. First they must try to understand the child in every stage of its development and that identification with loved persons is the main help for the growing superego and conscience. Knowledge about scientific results, especially of psychoanalysis, should be given only in correlation with the old popular rules of child-rearing, which good mothers have known instinctively at all times. Deviations of child behavior should be taken as a general rule that can be overcome by love and understanding. Each child has difficulties of adaptation to society and has periods of dysharmonic conditions, especially at the age of 4 to 6 and in puberty, when a new period of life begins to develop. Well-balanced surroundings will help the child to overcome these times by himself, whereas in bad family circumstances the child remains insecure and sometimes shows reactions that tend toward neurosis.

In Hamburg, G. A. v. Harnack examined 2,400 children starting school and determined their physical and mental health. The parents were asked about behavior; such deviations as disturbances of eating and sleeping, hypermotility, pathological habits, anxiety, attacks of pain, enuresis, impediments of speech, fits of temper and obstinacy were registered. Family conditions also were studied and clearly definable surrounding-disorders were noticed, such as illegitimate birth, an only child, no father, a mother going to work, bringing up by grandparents or a nervous mother. Sixty-one per cent of the children showed disturbances in one or another form or temporarily. The most frequent were hypermotility, disturbances of eating and sleeping and pathological habits. Comparing these behavior disorders with the conditions of life, Harnack found that 35.4% were observed in good family surroundings and 63.6% in unfavorable.

Thus we may deduce that behavior disorders in pre-school children have spread considerably and that unfavorable family conditions increase their frequency. But they are observed not only if the child lacks love and security. They may be a sort of reaction to our life-conditions, probably caused and sometimes increased by constitutional factors. We lack a comparison of these examinations to deter-

mine how far unfavorable surroundings can be borne by various types of children without damaging the development of personality. Pediatricians often meet cases of children who grow up and attain good mental health in the worst social conditions.

● Therefore we must be careful not to blame the parents in every case because they do not give enough love and security to the children; we have to study the capacity of the child to adjust itself to the rapidly changing world. The central nervous system has not changed and it may be that capacity and adaptability have reached their limits. We know that the new-born infant does not come into the world with a fully developed nervous system, that the myelinization of the various parts of the brain takes place after birth. The time necessary for this development may be constitutionally different, varying in families as we may observe from the development of motility of small children. It can also be retarded by outward conditions indicated by chemical examination of the brain that through extreme hunger, as also found in Japan after the war, myelinization of the brain was retarded. One must also consider that a disturbance or retardation of development at this age can be caused by severe toxic illness.

In a teamwork study in which a pediatrician, a psychologist, a neurologist, a psychotherapist and an expert in constitutional disorders took part, we examined children in their second school year whose lack of concentration during lessons attracted attention. As the number of children examined was small, no significant results were obtained. Nevertheless, this preliminary examination showed that the symptoms of insufficient social adjustment in school is extremely complex. These examinations have clearly indicated that the biological existence of a child is closely connected with its psychological behavior, far more so than is the case with adults. In nearly all children we found physical deviations, in rapidity of growth, in the degree of bodily differentiation and in constitutional variation of the nervous system. These medical tests also extended to X-ray photographs of the skull and EEG and even here deviations of a pathological kind were found.

On inquiring into the history of these children we found an over-average frequency of severe illnesses, difficult births, premature births and severe undernourishment in the first years of life. The frequent occurrence of increased irritability of the vegetative nervous system was remarkable, as were retarded development in some cases and acceleration in others. With all children the ill effects of unfavor-

able surroundings had increased behavior disorders. These were traceable to lack of security in home life caused by unhappy marriages, too much severity, overindulgence, the mother earning a living, loss of the father, nervousness and insecurity on the part of the mother and frequent change of surroundings. These factors of home conditions were found to be the same as with the younger school children in Hamburg. Their effects, however, were considerably stronger because biological differences of a clearly definable nature were connected with them. They showed us the close integration of bodily and mental health in a young child who is restrained in its development and does not attain a complete working capacity of its nervous system.

For this reason we should view disturbances of behavior in children in close connection with bodily development and general health. A treatment of behavior disorders should not be undertaken without a thorough physical examination for the reason that treatment and removal of physical disturbances and insufficiencies are a necessary basis for the success of every psychotherapy.

Not entirely unrelated to these social phenomena are the activities of boys and girls. Presently, mostly in underprivileged neighborhoods, the tendency to form gamester clubs also often results in violence, but this is not the case with the girls. They are partly a product of migration and urban growth, but it is their overtone of prejudice and intolerance that is most disquieting. Basically these hot-head clashes point to a sense of insecurity and ill ease on the part of their formers, but they indicate as well the spreading of an

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The centipede was happy — quite!

Until the toad in fun

Said, "Pray, which leg moves after which?"

This raised her doubts to such a pitch

She fell exhausted in the ditch

Not knowing how to run!

—Quoted in I. A. Richards' *Mencius on the Mind*

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POINT OF VIEW

Rock 'n' Roll and Gustave Le Bon

● Rock 'n' roll riots, boy and girl gang wars, inter-racial clashes, vandalism and rowdyism — these current floods of adolescent ebullience, conspicuous in the news of late, would seem to denote a periodic resurgence of anarchic tendencies among young people. As symptoms of their time, as manifestations of the current temper of youth, and as indicators of conditions for which we elders are responsible, such bizarre outpourings of juvenile élan deserve attention; they can teach us something about our children, and about ourselves.

Rock 'n' roll, a sort of hot-rod variation of jive, appears to cast an insidious spell. Staid, immune parents are astonished to discover that it can induce in their children a hypnotic trance with phases ranging from mild euphoria to extreme hysteria. When this tympanic mesmerism is exerted upon young people *en masse*, as in a theatre or at a dance, its effect is multiplied, with swift chain reactions that convert the group, or large parts of it, into a frenzied mob, swayed by the influence of the esoteric rhythms. Thus we hear — not only in America but from England, the Continent, Australia and South Asia — of theatres and ballrooms being wrecked, of soirées transformed into brawls and of hordes of young people streaming into the streets to discharge their excitation in property damage and malicious molestations.

Not entirely unrelated to these social phenomena are the activities of boy and girl gangs. Prevalent mostly in underprivileged neighborhoods, the tendency to form gaminisque cliques also often results in violence, but of another order. Rival gangs set up exclusive domains and declare war on their chosen foes. The gang is glamorized with a fanciful abracadabra of uniform dress, codes and rituals and is welded into a unit by allegiance to a leader. Some of the groups resort to crime and their clashes with their rivals sometimes involve mayhem or murder.

Gang fights on racial lines have become uncomfortably familiar. They are partly an aspect of simple rowdyism and trouble-hunting and partly a product of migration and urban growth, but it is their overtone of prejudice and intolerance that is most disquieting. Basically these hot-head clashes point to a sense of insecurity and ill ease on the part of their fomenters, but they indicate as well the spreading of an

ideology of hate by malcontents more articulate than sagacious.

Yet lest we adopt too easily an attitude of censorious superiority toward the follies and excesses of the youthful horde, it is profitable to recall that they are essentially extensions and exaggerations of tendencies shared by all of us. Sixty years ago a little-noticed French psychologist reminded his fellow men that the behavior of humans in a group can be quite different from that of the individual. How this strange collective consciousness operates was outlined by Gustave Le Bon in a small but monumental book, "The Crowd." The accuracy of his analysis has been demonstrated repeatedly in the psychological manifestations of wars and revolutions, in the ascendancy of dictators and demagogues, in lynchings and similar eruptions of violence and in the spreading of popular fallacies; and we may observe its operation in the anomalous impact of rock 'n' roll and kindred expressions of mass hysteria.

"By the mere fact that he forms part of an organized group," said Le Bon, "a man descends several rungs in the ladder of civilization. Isolated, he may be a cultivated individual; in a crowd, he is a barbarian—that is, a creature acting by instinct. He possesses the spontaneity, the violence, the ferocity and also the enthusiasm and heroism of primitive beings."

The greater part of our daily actions spring from hidden motives that escape our observation, and the crowd, Le Bon affirmed, is always dominated by considerations of which it is unconscious. Here, in paraphrase, is part of his further description of the phenomenon:

In a group the individual acquires a sense of power and is brought under conditions that allow him to throw off the repressions of his unconscious instincts. The mental superstructure, development of which in the individual shows such dissimilarities, is removed and the unconscious foundations, which are similar in everyone, stand exposed to view. Thus the conscience or sense of responsibility disappears. The condition of the individual in a group is hypnotic; suggestibility is heightened and every sentiment and action is contagious to such a degree that an individual readily sacrifices his personal interest in the collective interest. Nothing about the crowd is premeditated; impulsive, changeable, irritable, it is led almost exclusively by the unconscious. The impulses it obeys may be generous or cruel, heroic or cowardly, but always so imperious that no personal interest can make itself felt. Though it may desire things passionately, it does not do so for long. It is incapable of perseverance; it cannot tolerate delay

between desire and fulfillment. Dominated by a sense of omnipotence, its feelings are very simple and very exaggerated, so that it knows neither doubt nor uncertainty. It goes directly to extremes: if a suspicion is expressed, it is instantly changed to incontrovertible certainty; a trace of antipathy is turned into furious hatred. The philosophic absurdity of a belief cannot interfere with its spreading; the crowd prefers illusions to the truth. Contradictory ideas may exist simultaneously. Above all, there is an instinctive need to obey a leader, preferably a forcible, despotic one. The crowd is servile in the face of strong authority. To it the power of words is bound up with the images they evoke, independent of their real sense, and these images succeed each other without connecting links, with no more than an appearance of analogy or succession.

"Experience," Le Bon deduced from his study of the crowd, "has not yet taught men to a sufficient degree that they never shape their conduct upon the teaching of pure reason."

This is still so true that we must acknowledge that we know very little about the means by which men communicate ideas and impulses to one another. The garden of thought cultivated by Le Bon remains one of the neglected regions of sociological inquiry. Yet the train of his reasoning, and what has been added to it since his time, provides an invaluable nucleus for any intelligent person's orientation in a pragmatic world. By the knowledge that each of us is susceptible to subconscious influences that tend to shape our reasoned behavior, we may put ourselves on guard against spontaneous missteps and follies. By extension of that idea, we may also increase our understanding of the waywardness of others and perhaps in time encourage even youth to correlate some of its motivations to the promptings of the primal horde.

The rock 'n' roll dementia, of course, has a recognizable lineage; it had a forerunner in the dance mania of the Middle Ages, to say nothing of divers tribal rites of exorcism. Sir Malcolm Sargent, the British conductor, calls it "nothing more than exhibition of primitive tom-tom thumping." In its own time context, it reflects some of the particular attributes of today's youth: for example, the progressive relaxation of traditional inhibitions and the exuberance of high norms of health resulting from improved nutrition and the control of childhood diseases. But essentially it portrays the liberation of aggression sanctioned by the mass stimulus of basic instincts. It can serve as a key to purposeful introspection.

"Moderation" in a Georgia Prison

● Georgia flaunts on its state seal the motto "Wisdom, Justice and Moderation." If evidence were needed of the disparity between this lofty ideal and the way it is implemented, one item may be found in the Rock Quarry State Prison near Buford. This is no anachronistic relic of the benighted past but a so-called modern prison, built in 1950 as a "Little Alcatraz" for convicts classified as incorrigible offenders. What goes on there was brought to light last summer by a macabre revolt enacted by these men.

Forty-one inmates deliberately broke their own legs or influenced others to do so. The mutilation was accomplished by placing rocks under their heels and knees and bringing down on their shins the heavy sledges used to crush rock. Five years earlier in a similar incident thirty-one convicts had slashed their heel tendons with razor blades.

Public clamor aroused by publicity given to the shocking episode brought on a legislative inquiry. According to news reports, the prison inmates are forced to work nine hours a day in the quarry, in temperatures ranging into the nineties, breaking rocks into gravel. A prison official described the revolt as a "frame-up" aimed at doing away with the quarry system. The state correction director said it was nothing more than a protest against having to work. Inmates complained that they had been blackjacked, beaten with sticks and put in solitary confinement for trivial offenses. One convict was quoted as saying "the onliest thing we ask for is that the beatings and cussing stop." The inquiry's findings were that the guards had used profanity and "on occasions" had slapped prisoners. It directed that these practices cease. The aftermath for the men who had broken their legs was that they were sentenced to serve an additional year at hard labor after their recovery.

A familiar factor that impedes the extension of social progress to correctional practices is a tendency to avert the public gaze from the treatment of prisoners. The general public would usually rather not be reminded of the way of the transgressor after the penalty is imposed, and prison-keeping is suited to this attitude. Not many years ago, when highways were less frequented, convict gangs could be seen, in chains or under gun muzzles, breaking rocks to mend roads. Today prison industries are largely kept behind walls, sheltered from

the eyes of the taxpayer. Only when oppression and mistreatment goad these immured men to rebel is their violent appeal for remedy brought to public attention. It is hardly likely that the forty-one broken legs in Georgia will temper the severity of what is called justice there; but the gruesome example may serve to remind public opinion in some other states that principles of humanity are as applicable to prisons as they are to the treatment of misfortune anywhere else.

The March of Crime

● In the first half of 1956 a major crime was committed every 12.2 seconds. There was a murder, manslaughter, rape or assault to kill every 4.1 minutes. Each day's average toll included 37 felonious killings, 55 rapes, 4,377 larcenies, 738 auto thefts, 164 robberies and 1,463 burglaries. There was a major crime each day for each 129 of population.

These figures are contained in the half-yearly report of J. Edgar Hoover, director of the Federal Bureau of Investigation. They sum up to a 14.4% increase in the six-month period, the largest rise since the first half of 1946. If this trend continues, 2,500,000 major crimes will have been committed in 1956, the highest total in history and the fifth consecutive year in which the figure has exceeded 2,000,000.

Major crimes — murder, negligent manslaughter, rape, robbery, aggravated assault, burglary, larceny and automobile theft — totaled 1,191,120, an increase of 162,770. A 22.3% rise in car thefts was the highest, with 134,320 cars stolen. The only decline was in robberies, and that was a mere 1.1%.

In all of 1955, in 1,771 cities with a total population of 66,012,729, arrests on charges other than traffic violations totaled 2,900,000 — a ratio of 1 to 22. For every 100 major crimes there were 28 arrests, with 20 persons charged and 14 found guilty.

With due allowance for the increase in the nation's population and other weight factors, it is obvious that the challenge and incubus of crime are growing at a headlong pace. Further comment would only be redundant. Yet the timeworn question remains: What is American society doing to combat the march of crime, and are the remedies now being applied, especially the socially preventive ones, equal to the malady?

BOOK REVIEWS

Sleep

Dr. Marie Stopes, Philosophical Library, New York, 1956.

● The anticipation with which the reviewer approached what he expected to be a profound thesis on man's most common mystery was unrealized. The book is a rather irregular mixture of personal notes and ideas. Some meet quite well the criteria of modern psychological thinking, but many more set strangely in what presumes to be a scientific presentation. To illustrate the former, there is some very sound caution on the prevention of fear in young children. Instances of the latter are the author's insistence on sheets, pillowslips and nightgowns of "real silkworm silk," a diatribe against a civilization that considers the elimination of the convenient chamber pot an advance, and a fervent plea that can best be represented in her own words (p. 31):

"... We are, however, civilized communities and should make use, every time we can, of the best that our civilization provides for us. A soft mattress is one of the good things we can now readily obtain.

"But do *not* go too far with the idea that modern things are necessarily really good and civilized. Often they lean over backwards. The soft foam rubber mattress is an example of a modern 'advance' to be avoided by all who value their health. It is pernicious. Do *not* use any rubber mattress, and do *not* have rubber-tired wheels on your bedstead. Why? Because rubber is an insulator and cuts you off from electric currents of the earth with which you should be in contact. Many, sadly many, people are insulating themselves incessantly. Rubber-soled shoes all day, and then rubber coverings to their floors, small wheels with rubber tires on their beds — alas, poor things, they are being devitalized. No wonder millions at the end of the day feel limp and exhausted, yet neither ready for, nor able to, sleep..."

The above theories are not new in Britain. They agree closely with work published about ten years ago by L. E. Eemons. Perhaps it would be just as unscientific for us to reject them without proof as it is for Dr. Stopes to present them without evidence beyond her per-

sonal conviction that she "magnetates" to true North. There is material here for a number of clear-cut problems of measurement suitable for research investigation.

FABIAN L. ROUKE

The Prevention of Cruelty to Children

Leslie Housden, Philosophical Library, New York, 1956.

● Perhaps the best way to describe this new entry into the land of books is to fall back upon some of the words on its jacket: "Part One describes the conditions of squalor and exploitation under which certain classes previously reared their children. Part Two is devoted to a study of present conditions in which parents who have inherited such a tradition continue a similar way of life. Part Three makes practical proposals for the removal or improvement of such conditions and for the avoidance of them in the future."

The early sections of the book are primarily historical, attempting to show how children were reared in England during the nineteenth century and covering topics which range from passive cruelty through child labor, alcoholism (with some interesting statistics on nineteenth century drunkenness in England) to baby farming. This latter portion expressing a technique whereby babies are boarded out for certain sums of money without regard to what will become of them. Evidently the parents never saw the babies after the boarding-out procedure had been completed.

Part Two tries to bring you up to the present and paints a picture that is not too much improved over the years, although Housden does point out that the NSPCC is now prosecuting only one case in nine (11.1%) for cruelty compared with 33 1/3% earlier. Also, the author shows that alcoholism is no longer a major cause of child neglect and that malnutrition is rare. He stresses, however, that these improvements are not to be taken as an indication that all is well (an impression you get without being told) and goes on to document this with seventy-four case histories.

In conclusion, the author offers techniques of prevention, which are presented under the broad headings of home improvement, education of potential parents and the induction of a healthier social environ-

ment for the young. When each of these broad categories is elaborated upon, sixteen articles are presented to the reader which, "if carried out on a national scale, would do so much to prevent cruelty to children."

The final portion of the book consists of appendices A through H, which deal with such diverse topics as typical family budgets, the family cupboard, child employment, case histories of children admitted to correctional institutions in 1851, child labor legislation, societies in Britain devoted to the prevention of cruelty to children, etc.

In final consideration, the book is well documented, but its appeal will probably be limited due to its heavy emphasis on early occurrences in cruelty to children (the 19th century) and its locale (Great Britain). However, aside from the difficulties experienced in translating £2/3s/9d into dollars and cents, and not knowing the rate of exchange in 1851, the reading is enjoyable and informative within its limited scope.

ANTHONY J. SUMMO

Encyclopedia of Morals

Edited by Vergilius Ferm, B.D., Ph.D., Philosophical Library, New York, 1956.

● **Morals:** what are they? The day-to-day norms of interpersonal relations among individuals? Or the ethical standards that have characterized various civilizations? That both of these definitions apply, according to whether one wishes to particularize on the personal scale or generalize with relation to societies, is obvious. The latter approach is emphasized in this sizable one-volume encyclopedia, compiled by Dr. Ferm, Professor of Philosophy at the College of Wooster, with contributions by fifty-two scholars in philosophy, psychology, anthropology, ethnology, sociology, history, theology and other fields. The end result is a formidable survey of concepts and practices of social behavior ranging widely in space and time. Yet, as Dr. Ferm concedes, it is necessarily not exhaustive, and its laconic gaps provoke further questions.

One of the diverse qualities of the 670-page volume is found

in its summation of numerous anthropological examples of ethical appraisal and its digests of philosophical systems, from Confucius and Zoroaster to Freud, Kierkegaard and Sartre. The delver is rewarded with succulent plums of concise information and the researcher takes note of a convenient future source. Yet, on the captious side, it is disconcerting, in a sampling of the cumulative index, to find that the entries on homosexuality and prostitution, for example, refer only to the sections on Soviet morality. On the subject of the criminal, one is sent to Freud. The treatment of Freud, by Walter Kaufmann of Princeton University, provides an illustrative example of the encyclopedia's tone.

"After Freud," Dr. Kaufmann writes, "moral judgments become altogether questionable: they appear symptomatic rather than cognitive and tell us more about the judges than about those who are judged. In this respect Freud differs radically from Socrates and Jesus, and in many ways he is certainly closer to the Stoics and to Spinoza. The conception of moral judgments as symptoms can be found in Nietzsche, but recent proponents of an emotivist theory of ethics probably owe more to Freud, and the French existentialists are equally indebted to both men.

"Plato once defined justice as the health of the soul. Freud suggests that to have a healthy soul *is* to be ethical, the moral codes of mankind notwithstanding. In fact, the moral codes are symptoms of imperfect health and self-deception. Those who know themselves neither are wicked, according to Freud, nor call any man wicked: they are healthy and try to help the sick."

Taboo

Franz Steiner, Philosophical Library, New York, 1956.

● This trenchant little book consists of twelve lectures delivered at Oxford by Franz Steiner. A Czechoslovak, Steiner was part of Hitler's inadvertent gift to Western culture. An anthropologist with a passion for precise, detailed scholarship, he subjected to intensive criticism everything ever written about taboo. Captain James Cook first used the word in 1784 in his reports on the Polynesians, but

Steiner pursues as far back as Deuteronomy the fascinating idea and its associations, embracing ritual avoidances, phobias, dreads and superstitions, tribal, religious, mystical and traditional. In tracing the antecedents of Freud in this field, he brings into purview, among about seventy others, such cumulative sources as Frazer, Levy-Bruhl, Malinowski, Van Gennep, Radcliffe-Brown, Robertson Smith, Westermarck and Wundt. After reading this synthesis of his searching analyses, one is not likely to accept again the speculations of, say, *The Golden Bough* without a grain of skeptical salt. Even Freud is tolerantly chided for narrowing down his anthropological data to suit his concepts. In one of the laconic overtones of Steiner's work, one is struck by the importance to human culture of the confluence of pursuits and sciences brought about by "historic accidents," as represented, for example, in the expanding consequences of the voyages of Cook, Bougainville, La Perouse, Vancouver and other explorers of the mysteries of both earth and man.

Alcoholism: Its Psychology and Cure

Frederick B. Rea, Philosophical Library, New York, 1956.

● Of books on alcoholism there appears to be no end; but *the* book on this grievous problem remains to be written. Mr. Rea, a layman, has performed a useful labor by compressing into a small volume most of the available knowledge of why some people drink to catastrophic excess and what may be done to arrest the habit. Yet he arrives, as have many others, at the conclusion that, until the etiology of alcoholism is more comprehensively revealed, the subject must be surrounded by a series of challenging question marks. He recognizes that deleterious drinking is not a disease but a symptom and again raises the possibility that at least some drinkers may have in common a still obscure constitutional anomaly. Incidentally, he brings into focus the substantial poverty of scientific inquiry in this field by indicating that as effective a remedial approach as any so far offered is the one provided by the brother-keeping formula of Alcoholics Anonymous.

WORLD OF SOCIAL THERAPY

Alcoholism—Law revision to make courses on the problems of alcoholism available in the public schools was recommended at a conference on the question held at Teachers College, Columbia University.

Brain Signals—Dr. John F. Davis of McGill University reports that electronic low-frequency analyzers of brain waves, simpler and more precise than the electroencephalogram, give promise of usefulness in diagnosing psychiatric disorders. The analyzers, so far used mainly in research on the action of sedatives, also may help in the control of surgical anesthesia, another investigator suggested.

Connubial Rights—The District of Columbia Commissioners rejected the petition of a young wife for permission to visit the city jail for marital relations with her husband, imprisoned for housebreaking. Counsel for the woman formally pleaded an inalienable right to share her husband's bed regardless of his circumstances.

Daggers—The footnote symbol resembling a dagger has fallen into disrepute. When a California scientist received a letter of condolence from a European colleague on the death of an associate who was very much alive, the misunderstanding was traced to a dagger on a reference to the man's work in an American publication. In Europe the symbol is used to indicate posthumous publication.

Defectives' Genes—Dr. Linus Pauling of the California Institute of Technology, a Nobel Prize winner in chemistry, has started a five-year study under a Ford Foundation grant of \$450,000 on the relationship between defective molecules in the gene and mental deficiency.

World of Social Therapy

Delinquency—Dr. Maurice Linden of Philadelphia reported at the Pan American Congress of Gerontology that he had found a direct relationship between juvenile delinquency and respect for the aged, and that in countries where the aged command greater respect there are fewer delinquents.

Drunkards—In the year following abolition of liquor rationing, drunkenness in Sweden increased 125%, and as much as 200% in big cities, according to official figures. Alcoholism among women increased 80%. In Poland, the government opened official "sobering-up stations" in large cities to combat a "plague of drunkenness."

Kleptomania—A 70-year-old woman was arrested in Newark, N. J., for the 107th time for shoplifting. Although she was a grandmother, with mature children in responsible positions, her "adhesive touch" persisted.

Only Sons—Superior Judge Barnett Wolfson of Burbank, Calif., has declared that in a preponderant percentage of domestic relations cases involving wife-beating, the accused man is an only son.

Servants—In the last fifty years the segment of the population engaged in domestic service has dropped from 94 to 34 per 1,000 persons, according to Professor George J. Stigler of Columbia University.

Tension—Breakdowns are more often traceable to difficult situations in patients' homes than to overwork. Dr. Aurelia Potter, internist and endocrinologist, told a conference on executives' health problems. She recommended weight-watching, with protein-rich diet, frequent brief vacations and a daily nap.

A FEW WORDS ABOUT THE AUTHORS

Dr. Sheldon Glueck is a Roscoe Pound Professor of Law, Harvard University and one of the most outstanding exponents of the science of criminology. Among his many books dealing with law and criminology, the following are in general use: **DELINQUENCY IN THE MAKING**, **UNRAVELLING JUVENILE DELINQUENCY**, **DELINQUENTS IN THE MAKING**, **CRIME AND CORRECTION**, **AFTER CONDUCT OF DISCHARGED OFFENDERS**.

Dr. Bernard L. Diamond received his M.D. degree from the University of California, San Francisco, in 1939, took his residency training in psychiatry at the Neuropsychiatric Institute of the University of Michigan, and served five years as a psychiatrist in the U.S. Army during the Second World War. Since then he has specialized in the practice of psychoanalysis. For some years he has been interested in forensic psychiatry, particularly from the historical viewpoint. He is on the staff of the Department of Psychiatry at the Mount Zion Hospital, San Francisco, and is a member of the faculty of the San Francisco Psychoanalytic Institute.

Dr. Walter Rapaport, who received his medical degree at Georgetown University, served in recent years as Superintendent of the Mendocino State Hospital and of Agnews State Hospital in California until Governor Knight appointed him Director of Mental Hygiene for the state in 1953. An Army veteran of the First World War, Dr. Rapaport spent four years with the Navy during the Second. He is certified as a Specialist by the American Board of Psychiatry and Neurology, and in the specialty of medical-legal practice by the American Board of Legal Medicine, Inc. For 25 years he has served in California courts on commissions pertaining to criminal matters wherein the question of mental responsibility was an issue.

Dr. George N. Thompson is Associate Clinical Professor of psychiatry and member of the faculty since 1941 of the School of Medicine, University of Southern California. He is Consultant to the Department of Corrections, State of California. He is the author of *THE PSYCHOPATHIC DELINQUENT AND CRIMINAL* and the co-author of *THE ENGRAMMES OF PSYCHIATRY* as well as the co-author and editor of *ALCOHOLISM*.

Dr. R. Gordon Bell is Medical Director of the Bell Clinic, Willowdale, Ontario, and a frequent contributor of articles in professional journals.

Hagen, Wilhelm K., was born on Oct. 26, 1893, at Augsburg (Bavaria), Germany. 1920 Doctor of Medicine at the university of Freiburg/Baden. Post-graduate studies with Prof. Martin Hahn and Prof. Ludwig Aschoff. Since 1921 Medical officer of health. 1925 local health authority of Frankfurt/Main, MCH section. Professor for health education at the Teachers' College in Frankfurt/Main. 1933 discharged for political reasons, general practitioner at Augsburg. 1950 rehabilitated. Ministry Counsellor of the Federal Government at Bonn. Honorary professor (associate professor) for Public Health at the university of Bonn. 1956 President of the Federal Health Office (Inst. for Public Health Research).

Biographical data on Dr. Gertrud Soeken not available at press time.



